







**A**

**PRACTICAL ESSAY**

**ON**

**STRICTURE OF THE RECTUM.**

**WHITING, BEAUFORT HOUSE, STRAND.**

A

## PRACTICAL ESSAY

ON

### STRICTURE OF THE RECTUM;

ILLUSTRATED BY CASES.

SHOWING

THE CONNECTION OF THAT DISEASE WITH PROLAPSUS OF THE  
RECTUM, IRRITATION OF THE LUNGS, AFFECTIONS  
OF THE URINARY ORGANS, AND OF THE  
UTERUS, FISTULA, &c. &c.

TO WHICH IS NOW ADDED,

### SOME PRACTICAL OBSERVATIONS ON PILES,

AND THE

### HÆMORRHOIDAL EXCRESSENCE.

BY

FREDERICK SALMON;

SENIOR SURGEON TO THE GENERAL DISPENSARY, ALDERSGATE STREET.

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## P R E F A C E

TO

T H E F I R S T E D I T I O N .

THAT stricture of the rectum is a disease which very frequently occurs, daily experience convinces me. Various are the works upon stricture of the urethra, elucidating its effects upon the general health, while the subject of stricture of the rectum has had but few commentators; and, even in the present advanced state of surgical knowledge, it is by many of the most eminent of the profession accounted a disease extremely rare in occurrence, and difficult of alleviation.

The late Mr. White, of Bath, was, I believe, the first English surgeon who published any systematic treatise upon this complaint; to that gen-

leman the profession, as well as the public, are indebted for much valuable information upon the subject; and it appears to me somewhat singular, that the practical knowledge he has communicated is so little attended to. The object of these pages is to prove that stricture of the rectum is a very common disease, inducing other important affections; and that surgery furnishes us with means adequate to its removal, or alleviation, provided those means are exercised with judgment and science.

In many particulars it will be found analogous to stricture of the urethra, and the nearer we assimilate our plan of treatment in the former to that pursued in the latter, the more speedy and satisfactory will be the result. Such, at least, is the view I have taken of the subject, towards which I was first led from repeatedly discovering the existence of both those affections in the same patient, and from reflecting that the causes which induce the one necessarily tend to the production of the other.

It will be perceived that I differ in many essen-

tial points of treatment from that recommended by other far more experienced practitioners, and I trust I shall not incur the charge of presumption in so doing. Convinced that we have erred, it becomes our duty to prevent, if possible, others from following the same course. Unhappily for science in general, and the profession of surgery in particular, we are too apt to rely upon the authority of others, instead of judging from our own observation.

It has been my endeavour to impart, in as clear and concise a manner as possible, practical information on the subject; and, whatever may be my deficiency of knowledge respecting it, I am, nevertheless, induced to hope, that the following imperfect essay, if it should be productive of no other benefit, may be at least the means of directing the attention of the profession to a malady, which, whether considered in itself, or in relation to its effects upon the constitution, is, in my opinion, among the most frequent and distressing to which the human frame is liable.



## PREFACE

TO

THE SECOND EDITION.

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THE publication of a second edition of this Essay affords me an opportunity of making some alterations and additions. The alterations will, however, for the most part, be found to consist more in the arrangement of the matter, than in the substance of the work itself.

To the original cases, which I consider by far the most valuable portion of the volume, several new ones are added; from the details of which, provided they are attentively perused, conclusions may be deduced of very considerable practical utility. Some of these cases elucidate, in a forcible manner, the co-existence of a highly

irritable, if not of a *diseased*, condition of the lungs, with stricture of the rectum.

When speaking of the formation of piles, I remarked, that they might be considered as a *salutary* consequence of stricture; with equal truth, may fistula in ano be said to be a *necessary* consequence of the same disease. If, however, we consult the writings of such authors as have more particularly studied the subject of fistula in ano, we shall find that the earliest of them make no allusion to the disease as being in any way connected with stricture; and though the more modern writers have adverted to the co-presence of the two disorders, they have for the most part considered fistula in the light of a cause, and not a consequence of contraction of the intestine. Whether I have formed a correct opinion on this part of my subject can only be proved by experience.

Each day's observation convinces me, not only of the extreme prevalence of the disease, which is the subject of this Essay, and of the important effects it too frequently produces, either by pro-

moting disorder in the organs more immediately connected with the lower bowel, or by forcing into action the seeds of such particular affections as may be lying dormant in the constitution; but also, of the extraordinary manner in which it is overlooked by the great body of the medical profession.

Prior to the publication of the first edition of this Essay, I had not seen Mr. Calvert's work on the Rectum. I have since perused it; and though I most readily admit its value and utility, I see in it nothing which at all tends to subvert the opinions I have advanced, or to abstract from their originality.

Among the cases in the sequel, are several in which injections were used both by the urethra and the rectum. I have, therefore, considered it advisable to substitute the word *enema* for injection per anum throughout the work.

12, Old Broad Street.

July 16, 1828.



## P R E F A C E

TO

### T H E T H I R D E D I T I O N.

ALTHOUGH the period which has elapsed since the publication of the last edition of this Essay has been exceedingly limited, it has, nevertheless, afforded me an extended opportunity of practically applying the opinions I originally offered to the profession, and of witnessing their usefulness.

A careful perusal of the various additions made to the present volume, and more particularly of those cases which evince beyond a doubt the connexion of affections of the uterus and the vagina, with disease in the lower bowel, cannot, I should suppose, fail of awakening the profession to the study of a malady which has hitherto been most superficially attended to.

In the chapter which treats of the removal of the hæmorrhoidal excrescence, I have endeavoured to shew the causes of the occasional failure, either of the operation by the ligature, or by excision; and likewise so to reason upon the subject, that the profession may be enabled to decide upon the comparative merits of each description of operation.

I had purposed to illustrate the various kinds of stricture by drawings. I was, however, so inconsiderate, as to commit a large quantity of morbid preparations, which I had been some years in collecting, to the care of a professional gentleman of reputed character, from whose possession the most valuable of those preparations have been unaccountably lost, and I am in consequence deprived not only of the opportunity of fulfilling my intention, but likewise of offering to the profession (as I had promised) a series of lectures upon the various diseases of the rectum.

Although I feel confident of the correctness of the opinions which are advanced throughout this volume, nevertheless I trust it will not be inferred

that I consider the various affections adverted to as being always the result of stricture of the rectum; there are, doubtless, very many cases of the descriptions enumerated, which have not the remotest connexion with that disease: and it is for the practitioner to form his own judgment, how far those cases which come under his observation may originate in, or be aggravated by, the disorder which is the subject of the present Essay. The principal point, and the greatest difficulty, in scientific practice, is to discriminate accurately between causes and effects; and it is only by the removal of the former that we can expect effectually to counteract the operations of the latter.

In its present state, I trust this work will be found to be a useful book; and I shall continue to prosecute my enquiries into the subjects of which it treats, through evil report, and good report, satisfied, that in the adoption of such a course, I perform a portion of my duty to the public and the profession.

12, Old Broad Street, London.

November 14th, 1829.



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# INTRODUCTION.

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## CHAPTER I.

UNLESS we have acquired a competent knowledge of the anatomy of the body, we cannot understand its physiology, much less the various diseases to which it is liable. Essential as this knowledge is to the practice of medicine, it is, if possible, of still greater consequence to the surgeon, being frequently his only guide in the performance of the various operations which fall to his immediate province. When thoroughly acquainted with the formation and relative position of the separate parts of the human frame, he not only practises the operative part of surgery with increased confidence and facility, but is enabled satisfactorily to understand the functions of the several organs and their mutual connexions.

In the treatment of Stricture of the Rectum, and the various affections with which it will frequently be found associated, this knowledge is

absolutely requisite; I cannot, therefore, introduce the subject of the following pages in a more useful manner, than by describing the anatomy of the rectum, and its relative position with the several organs contained in the pelvis.

*On the Anatomy of the Rectum, and its relative Position with the Viscera in the Pelvis.*

The rectum, the lowest portion of the alimentary canal, is usually about ten inches in length, varying, of course, to some trifling extent in different subjects, according to the stature of the individual. Though this may be considered as the usual length of the intestine, it is sometimes much longer. I have known instances in which the length of the bowel from the sigmoid flexure of the colon to the extremity of the gut, exceeded twelve and even fourteen inches. It lies in the posterior region of the pelvis, behind the bladder in the male, and the uterus and the vagina in the female.

Commencing at the termination of the sigmoid flexure of the colon, opposite to the left side of the sacro-vertebral articulation, it descends obliquely to the right into the pelvis in front of the sacrum, as far as the junction of its third and fourth portions, where the gut is situated, in the mid line of

the body, accommodating itself to the curvature of the bone.

Hence it proceeds forwards and slightly downwards under the bladder, as low as the prostate gland in the male, and under the vagina in the female, where it is surrounded by cellular tissue. At the prostate gland its third portion commences, which proceeds downwards and forwards to its termination at the anus.

Thus the rectum may properly be divided into three portions or curvatures, the superior and largest of which is made up of nearly half the length of the intestine, its concavity being turned forwards; the whole being covered by peritoneum, a process of which, denominated the mesorectum, farther connects it to the sacrum. The relative situation of this part of the rectum with the other viscera is, that it is in apposition with the bladder in the male, and the uterus in the female, and the inferior convolutions of the ileum in both sexes.

The second portion is formed of the part between the two angles, and is about three inches and a half in length, slightly curved, the concavity bearing upwards. The peritoncum usually extends over the whole of this portion when the bladder is empty; but as this organ becomes distended, it carries up with it its peritoneal investment, so as to leave the second curve of the

rectum only partially covered by the peritoneum. It is connected superiorly with the bladder, vesiculae seminales, and vasa deferentia in the male, and with the vagina in the female. Inferiorly, it rests upon the sacrum and os coccygis, and its lower part on the ischio-coccygeal, and levatores ani muscles; being only loosely connected with the bladder, but very firmly with the vagina.

The third portion, commencing at the second angle, has its concavity triflingly inclined backwards; superiorly, it is enveloped by fat and cellular tissue, excepting in front, where it is closely connected with the prostate gland; laterally, with the levatores ani muscles; and inferiorly, it is surrounded by the sphincter muscle, the cavity of the intestine at its lower portion being considerably larger than in the superior part of the bowel. No part of this portion of the rectum receives any investment from the peritoneum.

Besides these three curvatures, in cases where the rectum is unusually long, lateral curvatures are occasionally found most commonly in the upper parts of the bowel.

In its natural condition the rectum is somewhat smaller than the colon, its parietes being remarkably thick, for which reason the bowel is susceptible of great distension without any material mischief resulting.

When empty its mucous coat is thrown into undulating folds, varying in number and size; near to the anus, these folds are larger than in the upper part of the bowel, and are four or five in number; to these Morgagni has given the appellation of the columns of the rectum.

Both the absorbent vessels and the mucous glands of the rectum are numerous, especially at its inferior part; the latter secrete a fluid, which lubricates the internal surface of the bowel, and facilitates the passage of the faeces. These glands occasionally enlarge from long-continued irritation, appearing like so many tubercles, in the centre of which is a small black speck, denoting the orifice of the excretory duct. I had an opportunity of examining a singular preparation of this diseased affection, in which the cells of the colon and the folds of the mucous coat of the rectum were in many parts filled with *lumbricales*; the constant irritation of which, by perpetually stimulating the glands, in all probability gave rise to the diseased appearance.

The muscular coat of the bowel is of greater density and strength than that of any other portion of the intestinal canal, and is composed of two layers of fibres, an external longitudinal and an internal circular layer. The first of these is formed from the longitudinal fibres of the colon,

which are arranged in three bands, uniting at the rectum into two layers, these, however, speedily expand into one coat, the strength of which diminishes the nearer we approach to the sphincter.

The internal circular fibres do not completely envelop the bowel in its superior curvature; spaces are left between the bands; it is in these spaces, which form so many pouches, that collections of faeces take place when the habit of body has been long constipated. Towards the inferior part of the gut, however, the fibres form an entire covering, and at the anus are so numerous as to have received the name of internal sphincter.

The arteries of the rectum originate in three sources, and are divided into the superior, middle, and inferior haemorrhoidals. The superior result from the division of the inferior mesenteric; they descend along the posterior surface of the intestine, dividing into numerous branches, which ramify upon the lateral and anterior surface of the bowel, anastomosing with the branches of the opposite side, and with the middle haemorrhoidal.

The middle haemorrhoidal generally arises from the internal iliac; occasionally, however, it is a branch either of the ischiatic or internal pudendal; descending obliquely on the anterior surface of the rectum, it divides into various branches, which

anastomose above with the superior, and below with the inferior haemorrhoidal.

The inferior haemorrhoids arise from the internal pudendal; they ramify in the fat and cellular substance, surrounding the lower portion of the intestine, and, supplying the sphincter, anastomose with the middle haemorrhoidal.

The veins of the bowel are peculiarly large and numerous, especially at the lower part between the mucous and muscular coats, where the appellation of haemorrhoidal plexus has been given to them. Exclusive of these there are also proper haemorrhoidal veins which follow the course of the arteries.

The nerves of the rectum are supplied from the sympathetic and sacral plexus.

A knowledge of the anatomy leads us to the consideration of the physiology of the rectum; as I think, one of the most beautiful instances elucidating that science throughout the human body. :

The most superficial observer cannot but be struck with the utility of the peculiar form of the passage. Had this been straight, we should have been perpetually annoyed by a disposition to empty the bowel; not only, however, are we protected against this, but the enlargement of the rectum at its inferior part, allowing a considerable quantity of matter to collect, gives suffi-

cient time for the absorbents of the part to take up any nutritive portions of the food which may, as it were by chance, remain.

The structure of the muscular coat, clearly exhibits the care which nature has taken to enable this part to perform its functions. Thus the contents of the rectum are, to a certain extent, retained by the peculiar alteration in the arrangement of the longitudinal fibres, the power of which becomes weaker and weaker as they approach the sphincter. On the other hand, the circular fibres are weakest at the summit of the intestine, where they are least wanted. At this point the action of the diaphragm and abdominal muscles is sufficient to propel the feculent matter downwards ; but as this approaches the inferior part of the bowel, such action diminishing, the contractile power of the intestine is proportionably increased. In short, the entire arrangement of the part, as respects its form, muscular structure, and general anatomy, evinces a design far beyond the invention of human ingenuity.

From the physiology we are necessarily led to the consideration of the pathology, or diseases of the rectum, among the most important of which is Stricture, which we next proceed to consider.

## CAUSES OF STRICTURE.

### CHAPTER II.

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*On the Causes and different Kinds of Stricture,  
the Morbid Anatomy, and Situation of the  
Disease.*

THOSE authors, who have written upon diseases of the rectum, attribute the origin of stricture to various causes.

Mr. Calvert says, "That inflammation in any part of the intestines may induce a spasmodic contraction of the muscular fibres of that part, will not be questioned, and hence, although in some cases, it is the immediate cause of stricture, as where a fold of the rectum, near its lower extremity, being infiltrated with fluids, is forced into the cavity in the form of an irregular ring; or coagulable lymph being thrown out, a new substance is formed from the surface, yet it must often be considered as the main exciting cause of stricture under other circumstances.

" On the other hand, it is not improbable that partial contractions may remain after attacks of

“ cholic, or many other violent affections of the  
“ intestines, and afterwards become the seat of  
“ permanent stricture. In examining the bodies of  
“ those who have died suddenly from cholic, from  
“ the operation of poisons, from dysentery, &c.  
“ especially with children, I have occasionally  
“ found partial contractions of the alimentary  
“ canal, particularly about the termination of the  
“ ileum, the colon, and the upper part of the  
“ rectum; and I can readily conceive, that under  
“ some circumstances, one or more of these parts  
“ might never regain their former state of elasti-  
“ city or distension, and at a subsequent period,  
“ from a gradual change of structure, and a pro-  
“ portionate contraction of the muscular fibres,  
“ cause such a narrowing of the canal as to pre-  
“ vent the regular passage of the contents, and  
“ produce eventually a fatal obstruction.”

In another part he states, “ The presence of  
“ aërimonious matter in the intestines, will, in  
“ the course of time, produce a chronic inflamma-  
“ tion of the villous tunic, ulceration, or such a  
“ degree of irritation, as to give rise to a gradual  
“ change of structure, and consequently different  
“ forms of stricture.”\*

Mr. Bell writes, “ The disease called stricture

\* Calvert on the Rectum, pages 153, 154, 155.

“ of the rectum is owing to a morbid change in the  
“ *inner* membrane of the intestine; not unfre-  
“ quently, the inner edge of the sphincter ani  
“ being the seat of the stricture, and then the  
“ finger enters only to the depth of the second  
“ joint, when it is obstructed by a sort of mem-  
“ brane standing across the passage.”\*

Mr. Copeland observes of stricture, “ That it  
“ may be produced by whatever excites inflam-  
“ mation or irritation in the *inner* membrane of  
“ the canal.”†

Mr. White, after mentioning other causes,  
argues upon the formation of the disease in the  
following manner: “ I have already observed, as  
“ a circumstance well known to practitioners, that  
“ a great number of persons are subject to habitual  
“ costiveness, and that from a very early period of  
“ life; which habit, in my opinion, medical men  
“ are too apt to consider as a cause rather than an  
“ effect. For it appears obvious to me, that a con-  
“ stipated state of the bowels has been, too indis-  
“ criminate, referred to a torpid or inactive  
“ state of the bowels, arising (as it has been gene-  
“ rally supposed) from a deficiency of the natural  
“ secretions, but more particularly the biliary. In

\* Bell on Stricture of the Rectum, page 330.

† Copeland on the Rectum, page 15.

“ old people, in delicate and debilitated constitutions, but more particularly where purgative medicines have been long and injudiciously administered, there may be some reason for adopting this opinion. But there appears no just ground whatever for concluding that, in a vigorous and otherwise healthy person, and, perhaps, very young too (which is often the case), habitual costiveness should, under these circumstances, occur from mere local torpor and inactivity; especially, if the natural stimulus of the bowels (the bile) should not be interrupted in its passage to the intestine, the absence of which alone could rationally account for such a state.

“ In those cases of obstinate costiveness, which are known so often to baffle the attempts of medical men to overcome, is it not surprising, that the existence of a mechanical impediment should not strike the mind of the practitioner, when he has so frequent occasion to lament the inefficiency of the means he employs, and that his own efforts prove as unavailing as those of his medical brethren, to whom the patient had previously applied? Although it would be absurd to suppose that every case of habitual costiveness proceeded from mechanical obstruction in the passage, yet, from various conversations I have had with different sensible persons (some medi-

“ cal), who laboured under stricture of the rectum,  
“ I am much inclined to think, that the predisposing  
“ cause is the gut being somewhat narrower about  
“ the termination of the sigmoid flexure of the  
“ colon, than it ought to be for the purpose of  
“ allowing a free and easy passage to the fæces. I  
“ was led to adopt this opinion, in consequence of  
“ patients so often stating to me that, so long as  
“ they could remember, they never had a natural  
“ motion without experiencing more or less diffi-  
“ culty. From whence it will appear obvious, that  
“ if the passage should be preternaturally small, it  
“ must necessarily form an impediment to the free  
“ discharge of the fæces, and thus a foundation  
“ will be made for a greater degree of contraction,  
“ which will be more particularly noticed here-  
“ after. There is another circumstance also which  
“ is deserving of notice, as it has very much  
“ tended to confirm the above opinion, respecting  
“ the predisposing cause of strictures ; and that is,  
“ several members of the same family having been  
“ afflicted with the disease, which has happened to  
“ my knowledge in different instances. Such an  
“ occurrence cannot, I think, be more satisfactorily  
“ accounted for, than by supposing some original  
“ malformation in the passage. I think it is not  
“ improbable that, sometimes, the passage of the  
“ fæces may be interrupted, in consequence of an

“ unusual projection of the last lumbar vertebra, or  
“ the superior part of the os sacrum, as it is well  
“ known the sigmoid flexure of the colon termi-  
“ nates at that part (the most narrow) by a slight  
“ curve, when the rectum begins, which passes  
“ down before the sacrum to its termination at the  
“ sphincter ani: on some occasions, I have been  
“ sensible of this projection.”\*

That contraction may ensue, as a consequence of any of the foregoing specified causes, cannot, I think, be doubted; nevertheless, if we refer to the multitude of cases which occur, we shall be constrained to admit the existence of some general cause giving origin to the disease. There certainly is frequently a predisposition to stricture; resulting, as I believe, from the narrowness of the colon at the sigmoid flexure. In the cure of the disease, we shall often find it impossible to pass a bougie of a size larger than number eight or nine into this part, yet the symptoms of stricture will be materially diminished, if not entirely removed. In this respect, I fully accord with the ideas of Mr. White, and, without their adoption, am unable to account for the instances I have seen, where stricture existed in children even of tender years; so early have I witnessed this, that I should be in-

\* White on the Rectum, page 23.

clined to think the disease is sometimes congenital.

In the case of a child, only four years of age, whose father I had attended for stricture of the rectum, the bowel was contracted at its superior extremity, to such an extent, that the introduction even of a small urethra bougie caused great pain. The little fellow was a sad sufferer, frequently labouring under prolapsus of the rectum, and scarcely ever passing a motion without the assistance of purgatives, and even then with pain and difficulty, attended with discharges of blood and mucus. In another instance, stated in a subsequent part of this essay, I could readily examine the obstruction. It was situated about two inches up the bowel, and imparted a sensation, as if my finger was introduced into a fleshy ring. In this case I had recourse to the use of instruments, but they created such distressing irritation, that the mother of the child would not allow me to persevere in their introduction.

Admitting the existence of this peculiar predisposing cause, it elucidates a fact I have repeatedly noticed, of several members of the same family being afflicted with stricture: many times have I known one of the parents and the children to be the subjects of this disease.

Any cause, however, which tends to produce local irritation in the rectum, existing for a conti-

nued period, may give rise to contraction: thus, habitual costiveness is one of the most frequent causes of the complaint.

Another, and I believe a common cause of stricture will be found in the frequent administration of powerful doses of drastic purgative medicines, a practice peculiarly tending to irritate the bowels, and, by promoting increased contractile action, to impair their natural functions. Patients have informed me, that the first symptoms of the disease followed immediately upon taking violent aperients.

In like manner, stricture may result from indigestion; the acrid state of undigested matter irritating the inner coat of the bowel, and thus causing improper action of some particular part of the intestine.

Some peculiar conditions of the sphincter ani muscles give rise to the disease. Sometimes the *external* sphincter forms a narrow yet exceedingly firm constriction; while at others it is equally broad, extending to the depth of a full inch, or even and inch and a half. Occasionally we find a complete separation between the external and internal sphincters, a considerable space intervening between the end of the rectum (which forms the internal sphincter), and the sphincter *externus*.

Now either of these conditions of the external sphincter opposes the natural function of the rec-

tum, causing patients to strain violently, when relieving their bowels, and the abdominal muscles thus excited press upon the superior part of the gut, and upon the sigmoid flexure of the colon, giving rise to contraction in these parts more especially. I have seldom found either of these morbid conditions of the muscle unaccompanied with obstruction high up in the rectum. There is a remarkable similarity between these instances and that of contraction of the orifice of the urethra, which will invariably be found connected with stricture in the bulb, or membranous part of the canal—usually the former.

That these affections may reasonably be considered as a cause, and not as a consequence of stricture, is, I think, anatomically demonstrable, since they originate in a redundancy of the muscular fibre of the part; the excessive action of which produces an inordinate thickening of their connecting cellular tissue. Furthermore, this opinion is supported by the treatment of the affections; for we shall not be able completely to remove the stricture of the rectum, unless we diminish the action of the sphincter by partially dividing it. I may likewise add, that I have seen instances in which the external sphincter was preternaturally strong in infants.

Some authors have spoken of stricture of the rectum as consequent upon syphilis.. On this point

I confess myself sceptical, nor does the opinion appear to be much entertained by modern writers.

I have known instances of mechanical impediment to the passage of the faeces, produced by the growth of little bundles of hard excrescences, situated just within the orifice of the rectum. In several of these cases, the patients were females of profligate habits, from which I was led to conclude the disease was the result of long continued irritation, arising from the peculiar mode of life of the parties.

But of all the distressing causes of stricture *carcinoma* is decidedly the worst, whether we look to its painful effects during life, or to its invariably fatal termination. Considering it to be of vital importance that we should discriminate accurately between this species of contraction, and the simple spasmodic, or the permanent stricture, I have devoted a separate chapter to the consideration of carcinomatous disease of the rectum.

Stricture may occur from enlargement of the prostate gland, or from disease of the uterus; from piles, tumours, or excrescences growing in the bowel. Dr. Baillie mentions that he has discovered polypous tumours in the rectum.

Fistula in ano may induce the disease, though I believe the former affection occurs far more frequently as a consequence than as a cause of

stricture. Through the kindness of my friend Mr. Kiernan, I was present at the examination of a patient, who died with severe sloughing around the anus, extending into the buttocks and perineum, also superiorly to the neck of the bladder. The individual had for many years laboured under fistula in ano, and, as far as we could learn, for the symptoms of the case were not by any means clearly narrated to us, every symptom of stricture in the rectum; the whole of which gut was considerably diminished in size, there being an extensive stricture at the sigmoid flexure of the colon; there was also stricture in the bulb and membranous part of the urethra, in the former situation nearly to the entire obliteration of the canal.

Among the cases narrated in the sequel, will be found several, clearly illustrating the connexion of fistula in ano with stricture of the rectum; the former of which diseases I have repeatedly succeeded in curing by the removal of the latter. :

In short, any cause, constitutional or mechanical, creating irritation in the rectum, may ultimately induce spasmodic action of its muscular coat; thus, in the commencement, creating simple spasmodic stricture, and, from continuation, permanent contraction of the part.

I should consider that the greater portion of strictures are in their commencement simple spas-

modic affections of the intestine. Now, since this spasmodic action is but an immoderate exercise of the natural function of the part, producing, at first, no organic alteration, the effect disappears with the vital powers of the system; for which reason we may frequently fail in discovering any traces of the disease after death, although clear and unequivocal symptoms of it existed during life.

It must, however, be obvious, that from whatever cause the disease arises, such cause remaining, the effects necessarily increase. One of the earliest of these is exhibited in the mucous coat of the rectum, which is thrown into irregular folds, forming so many receptacles for the accumulation of feculent matter.

But from continued irritation deposition takes place between the coats of the bowel, which assists in preventing the natural actions of the part, till, in process of time, both the structure and the function of the intestine are permanently changed. Thus in the advanced state of the permanent stricture, the rectum becomes indurated, and thickened to so extensive a degree, as to lose all traces of its natural structure, having the appearance of a fleshy chord.

Notwithstanding this alteration in the general structure of the part, the mucous coat is frequently but little changed. I have seen the intes-

tine thickened to an extraordinary extent, scarcely any passage being left through it; nevertheless, its internal surface presented a perfectly healthy appearance. In the Museum of St. Bartholomew's Hospital, there is a valuable preparation, exhibiting this diseased condition of the parts,

So far as my observation has gone, I have found this uniformly to be the case in simple spasmotic stricture. But where the irritation attendant upon the disease has been great and protracted, I have discovered inflammatory appearances, and patches of ulceration, in various parts of the mucous coat of the intestine.

Occasionally the internal coat is totally destroyed; at others it is here and there thickened from the coagulable lymph, which has been deposited under various attacks of inflammation, having become organised.

In extreme cases, adhesions firmly unite the rectum with the bladder, and with the uterus; or with the vagina; and fistulous communications between the rectum and these parts are frequently present.

We sometimes find bands of a firm consistence extending from side to side, forming septa across the bowel; these septa are most commonly situate towards the inferior part of the gut. Then

again we find the intestine contracted in a circular form, being dilated immediately above the contraction, by the perpetual lodgment of faeces, in the form of an hour-glass. This is by far the most formidable kind of contraction, as well as the most difficult of alleviation. But the peculiar and morbid change generally found in cases of confirmed stricture appears to be the result of considerable thickening of the bowel, from deposition between its muscular and mucous coats. In the worst cases of stricture this will, occasionally, be found converted into a kind of gristly substance, possessing, nevertheless, a character very different from the scirrhouss affection of the intestine.

Respecting the *situation* of the disease, I have been surprised at patients informing me they had been examined by surgeons of considerable celebrity, and declared to be perfectly free from stricture; *simply after an examination made with the finger*, even though the most decided symptoms of the disease were present. Doubtless there are many cases where the obstruction is sufficiently near to the orifice to permit of its detection by such means: I have had several instances of this description under my care, wherein, when first the patients consulted me I could not introduce the smallest sized bougie; but in by far the greater

number, the stricture is situate too high in the intestine to allow of a discovery from so limited a mode of examination.

It has been shown that the rectum, in its passage from the sigmoid flexure to its termination describes three curvatures; hence we should, *a priori*, expect to find obstruction at the angles of these, more commonly than at any other parts of the bowel. In the majority of the cases which have fallen under my observation, the stricture has been situated between five or six inches from the anus, about the situation of the angle formed by the first portion of the rectum, and where, when the bowels are torpid or constipated, feculent matter is most likely to accumulate. Next in frequency I have discovered the disease at the junction of the sigmoid flexure of the colon with the rectum; whereas, the true carcinomatous affection of the rectum will most commonly be found near the orifice; the disease, in all probability, originating in the mucous glands of the intestine, which are more prevalent towards the inferior part of the bowel.

I am aware that this opinion is liable to objection, since cases have been related as of carcinomatous disease of the rectum where the contraction was situated at the most superior part of the bowel. But here I would remark, that it is only of late years that particular attention has been paid

to diseases of the rectum, and that, at the period those cases were published, very little indeed was known respecting stricture. I am, therefore, inclined to believe, that many cases described as carcinomatous affections of the intestine, were merely instances of permanent stricture, in which, from protracted neglect, the bowel having become indurated and thickened, had ulcerated at different parts.

## CHAPTER III.

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### *On the Symptoms of Stricture.*

INSIDIous as are the symptoms of contraction in the early stages of the disease, by close examination they may be detected, and we may thus frequently be enabled to correct the malady before it shall have reached the stage constituting the permanent stricture.

In its commencement, trifling irregularity of the bowels occurs, the motions being deficient in quantity, sometimes passed in small pellets, at others flattened like tape, or having the appearance of worms. This, however, is not invariably the case; for when the stricture is high up in the rectum, the feculent matter will gradually accumulate below the obstruction, and that in so considerable a quantity as even to cause severe pain in passing the sphincter.

Instead of the bowels being every day fully and freely emptied of their contents, a day, sometimes two, will now and then intervene without any eva-

cuation occurring ; or, which is more common, patients following their customary habits, will, at a particular period of the day, void, as they suppose, an adequate motion from their bowels, yet were they to examine the quantity, they would find it next to nothing. A soreness is experienced at the orifice of the bowel, where, after the discharge of the evacuations, the skin, from extreme rigidity of the part, frequently gives way, forming several small cracks or fissures distressingly annoying. Occasional pains occur in the loins and lower part of the back, which sometimes extend into the groins (particularly the left), the hips, and down the back part of the thighs. Sooner or later decided costiveness supervenes; opening medicines are resorted to, which, affording temporary relief, satisfy the patient and his medical friend.

This state of things will sometimes exist for a very extended period ; for months, nay, even for years, people will from day to day administer opening medicines, increasing the quantity in proportion as their constant use and the progressive advancement of the disorder render them necessary, till at last weary of the trouble and inconvenience, they relinquish them.

In the second volume of the Transactions of the Society for the Improvement of Medical and Surgical Knowledge, there is recorded the case of an

individual who died from obstruction of the bowels, produced by a stricture at the sigmoid flexure of the colon. The patient did not pass the slightest evacuation from his bowels for the extraordinary period of *fifteen weeks* prior to his death. The case is certainly a most remarkable one, and altogether so valuable, that I have taken the liberty of transcribing it in a subsequent part of this treatise. From the treatment which was adopted, it is very evident that the nature of the complaint was not suspected during the patient's life time.

Very speedily this irregularity is followed by a difficulty of voiding the contents of the bowels; after passing a motion a sensation is experienced as if the rectum was not completely emptied; persons feel a disposition, yet have not the capability to pass more relief, and endeavour by straining to force out the contents of the bowel, which proves of little avail, serving only to produce a discharge of blood, and a prolapsed state of the intestine. As the disorder advances, these symptoms progressively increase, till, at last, several days together will pass without any relief occurring, though the patient will be tormented by frequent calls, and the most painful yet ineffectual efforts.

Before this condition is confirmed, it is by no means uncommon for severe attacks of cholic to

occur, accompanied or preceded by profuse diarrhoea. Acute spasms are felt throughout the bowels, more particularly in the colon, attended with a rumbling noise, from the collection of air regurgitating in the intestine, together with constant heat and itching around the orifice of the rectum.

In some instances accumulations take place in the colon, distending it to an enormous size; by degrees the whole alimentary canal is disordered, *very commonly* inflammation of the bowels or the peritoneum ensues, which, too often terminating fatally, discloses, through post mortem examination, the cause of the patient's sufferings. The functions of the stomach become severely impaired, and the general health proportionably suffers. The urinary organs are especially affected, and retention or incontinence of urine frequently happens. Serious disturbance often follows in the action of the kidneys, the urine becoming scanty in quantity, high coloured, and occasionally emitting an offensive odour. The action of the liver is materially changed, the secretion of bile being either deficient in quantity, or of unhealthy condition. The patient is commonly afflicted with a prolapsus of the bowel, and with attacks of piles; from the latter of which diseases, though painful at the time, he experiences temporary relief.

By the gradual distension which takes place in

the bowels, more particularly in the colon, pressure is made upon the aorta, and the circulation of the blood to the lower extremities becoming to a certain degree obstructed, coldness of the feet and cramp in the legs are experienced ; and, what is still worse, the due portion of the blood not circulating through the lower parts of the body, an increased quantity is necessarily thrown into the head, creating in this organ a sense of weight and constant pain, particularly in the occipital region, and not uncommonly, as I believe, giving rise to the formidable affection of apoplexy. The frequency of this complaint is matter of notoriety, nor is its appearance confined to those of robust and vigorous constitution only ; of late years it has been particularly noticed in young persons even of delicate habit.

It is rare that surgeons are consulted before the disease has proceeded to such an extent, as to induce some one or many of the affections enumerated, all of which, I am persuaded, may be considered as the necessary consequences, if not the immediate symptoms, of the stricture ; to the relief of these effects, instead of the removal of their cause, the treatment is usually directed, and, temporary benefit ensuing, the patient is lulled into a fancied security, till repeated and more aggravated attacks convince him of the error.

CHAPTER IV.

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*On the Treatment of Stricture.*

IN the treatment of stricture, our first object should be to correct local disturbance. Topical applications to the neighbouring parts, such as leeches to the verge of the anus, and cupping the perineum, nates, or loins, are often of material service: and where the disease is accompanied with considerable irritation of the bladder, it is beneficial to abstract blood from the lower part of the abdomen. In the use of leeches we should be cautious to moderate the number applied, for they will sometimes, when the parts are in a high state of excitement, bleed to a most extraordinary extent. I have found it extremely difficult to stem this bleeding.

But it cannot have escaped the observation of the most inexperienced-practitioner, that, in the treatment of all disorders and diseases, he is more or less successful in proportion as he attends

to the functions of the stomach and bowels. We readily understand why this should happen, when we reflect upon the important services they perform, that they are the source by which the body is supported and relieved of the impurities daily imposed upon it. It would be impossible to enlarge too much on the value of such attention in the treatment of the disease under consideration. No use of instruments can establish a recovery, unless the bowels are brought to a free and comfortable relief daily. To accomplish this, two points should be observed, first, that we do not load and annoy the stomach, by the too plentiful administration of food, and secondly, that we do not irritate the bowels through an injudicious use of purgative medicines. Here I cannot too strongly deprecate the common every day's practice of giving violent doses of purgative medicine; not only is no benefit derived from such treatment, but serious injury is frequently induced. When adopted in diseases of the rectum such must be the result, since large quantities of feculent matter are driven from the small intestines into the colon, already distended, as a consequence of stricture in the rectum, and highly irritated, and thus arise frequent and distressingly painful efforts to pass motions, the straining to accomplish which, may, in extreme in-

stances, induce inflammation, or even rupture of the intestine, at the sigmoid flexure. In making these observations, I trust I shall not be considered as drawing an exaggerated picture of affliction; such results are upon record. I have been an eye-witness of their occurrence, and common sense ought to convince us such effects are likely to be produced. A few years since, I attended a gentleman, whose wife died from the improper administration of violent purgative medicines. She had had for a long period an affection of the uterus, which was believed to be carcinomatous, and she was of an extremely confined habit of body, always requiring the assistance of powerful doses of medicine to produce the slightest evacuation. After having had her bowels constipated several days, she was seized with inflammation of the peritoneum, to relieve which, in conjunction with the usual remedies, large doses of calomel, mixed with drastic purgatives, were administered for the space of two days and nights, without any other effect than that of producing the greatest inclination and straining to pass her motions; in one of these attempts she suddenly exclaimed, "Oh! " something has given way in my left side." Cold clammy perspirations immediately succeeded, attended with faintness, which was speedily followed by delirium and death. Examination dis-

covered that a cherry-stone had lodged at the sigmoid flexure of the colon, where the passage was almost obliterated by stricture, immediately above which the gut had given way, its contents escaping into the cavity of the abdomen. Here, the existence of contraction had never been thought of by her medical friends, though probably it had been the exciting cause of the affection of the uterus.

I doubt the propriety of the established practice of administering violent aperient medicines in attacks of acute inflammation of the bowels; and would suggest that, before the adoption of such a measure, we should ascertain, by the introduction of the rectum bougie, whether the inflammation is connected with any mechanical impediment in the lower bowel. I am convinced, by experience, that many cases of obstruction and inflammation of the intestinal canal occur as an effect of stricture in the rectum: now, it is very obvious, that where this is the fact, the exhibition of powerful aperient medicine is, to say the least, an inconsistent course to pursue; since we increase the irritation throughout the canal, more especially in the rectum, without lessening the mechanical obstruction from which that irritation arises.

\* In the forty-ninth number of the *Medical Gazette*, there is reported a case which verifies this position. The circumstance of

We cannot be too cautious to avoid this injurious custom. While, on the other hand, the exhibition of mild aperients, such as castor oil, or electuary of senna, may be said to solicit the bowels to perform their office, and their frequent repetition in small doses seldom fails of inducing a salutary effect. Patients should be advised to take such a quantity of castor oil, or the electuary prescribed,\* as may be found adequate to produce from the bowels satisfactory relief once a day.

Nothing will be found more conducive to the regularity of the bowels than the daily use of the *enema*, throwing into the rectum, by the common elastic bottle and pipe, every morning or evening, three parts of a pint of thin water gruel, comfortably warm, containing a dessert spoonful of castor oil. Where the obstruction is high up in the bowel, it is better to use the common elastic pipe, of ~~tear~~ or eleven inches in length, so as to throw

the inflammation of the bowels, originating in or being connected with contraction of the rectum, appears to have been totally overlooked by the medical attendants.

\* Recipe, Confectionis Sennæ ʒi.

Sulphuris Praecipitati ʒiii.

Olei Juniperi ḡttas. vi.

Misce. Fiat electuarium. Sumat cochleare unum parvum  
horā somni pro re natā.

the fluid above the stricture. In simple spasmodic stricture, I have known the perseverance in the use of the *enema* remove for a time all symptoms of disease. When feculent matter is lodged in the intestine, they cleanse the part, and in the most aggravated cases assist to prevent or tranquillize local irritation.

I cannot but consider it matter of regret, that the fastidious feelings of some, or the want of consistent recommendation in others, prevents the adoption of this most salutary and harmless plan. I am satisfied, were it in general exercise, it would save serious inconvenience and injury to patients, by superseding the necessity for frequent doses of purgative medicine. The customs of society, however, must materially alter before this plan will be commonly followed; we copy our neighbours in many of their frivolities and inconsistencies, yet lose sight of their attention to this particular habit, alike evidential of good sense and strict delicacy.

The extent to which persons will permit their bowels to remain inactive, without making the slightest attempt to promote their regularity, is really surprising. A lady informed me, that her bowels were never relieved above once every

\* An apparatus for this purpose may be procured of any surgeons' instrument maker.

ten or twelve days, that frequently they remained inactive for fifteen and twenty, and occasionally even for a month: yet she wondered that her general health was bad! Another lady stated, that it was common with her to pass five and six days without any motion occurring, though for twelve years past, she had never omitted to take every night her aperient pill. There is not, in the whole practice of our profession, a point upon which we shall find it more difficult to acquire correct information than on this essential particular: from mistaken notions of delicacy, the truth is generally concealed; and it can be obtained only by an inspection of the motions, a duty no medical man, however eminent, or however extensive his practice, should fail to perform.

It is sometimes beneficial to attempt to obtain evacuations at a stated period of the day. Persons have usually, when in good health, an inclination to relieve the bowels immediately after breakfast; the pressure of the distended stomach upon the transverse arch of the colon causing it to contract and propel its contents towards the rectum, which, becoming distended and irritated, gives rise to the desire of going to stool. This opportunity should not be neglected, for the activity of the absorbents in the bowel will remove the softer particles, and

the bulk being thus reduced, the disposition soon subsides. Feeling the desire, with a deficiency of capability, persons endeavour, by violent straining, to accomplish their object, which, not only is of no service, but aggravates local irritation, and increases disease.

Where the bowels remain exceedingly inert, accompanied with more or less hardness and fulness of the lower part of the belly, it is useful to administer an aperient draught,\* at intervals of two or three days apart. I have been surprised at the quantity of feculent matter brought away by this medicine, after the patient has taken oily aperients for weeks. I presume this arises from the secretion which it promotes, softening the indurated and long collected fæces. In ordinary cases, however, no better medicine can be advised than castor oil, or the electuary before mentioned.

Having considered the point of medicine, I proceed next to a few simple observations upon the subject of diet.

It may, perhaps, be accounted superfluous to

\* Recipe, Pulveris Rhæi gr: xii.

Potassæ Sulphatis 3ss. Misce, tere bene.

Adde Tincturæ Sennæ 3ij.

Infusionis Sennæ 3vj.

Aquaæ Menthae Viridis 3iv.

Misce. Fiat haustus horâ somni sumendus.

enlarge upon this particular part of the treatment: to attempt, however, to relieve any formidable complaint without the strictest observance of diet will be found an unprofitable employment of time.

Adverting to the causes of the different diseases with which mankind are afflicted, we shall be constrained to admit, as the most fruitful source of them; those habits of luxury by which the health, comfort, and prosperity of society are alike contaminated and destroyed. Instead of enjoying the simple products of nature, we have recourse to every species of unnatural and artificial combination to gratify the palate and pamper the appetite. Not content with loading the stomach with immense quantities of food, we irritate and distend it with substances alike dissimilar and unnecessary. The observations of Mr. Abernethy, than whom a sounder physiological surgeon does not exist, with reference to this subject, cannot be too highly appreciated either by the profession or the public. He has shewn the absurdity of putting more food into the stomach than it is capable of digesting; likewise the various and important diseases which arise solely from a disordered condition of the stomach and bowels.

The diet for patients labouring under stricture of the rectum ought to be of the kind most nutri-

tive and easy of digestion; by which the quantity of feculent matter will be lessened, and thence the necessity for aperient medicine superseded. Of this description are weak cocoa, chocolate, or milk, any of which may be taken for breakfast; beef, mutton, and a preponderance of animal food for dinner, to the exclusion of made dishes, pastry, undressed fruits, and fermented liquors. I have no wish altogether to prohibit the taking of wine; two or three glasses cannot in ordinary cases do any great mischief; nevertheless, I am persuaded that the functions of the stomach are frequently impaired by the practice of taking immense quantities of fluid with our meals. The sensation of thirst results from a deficiency of secretion in the stomach, which secretion is most plentiful during the process of digestion. But by distending the stomach with large quantities of fluid, we also dilute the gastric juice, in which peculiar secretion, as we believe, the principal power of digesting the aliment rests; thus we either impose upon the stomach the necessity of secreting the gastric juice in an increased quantity, or we render the process of digestion uncertain and incomplete. The effect of this dilution may be familiarly elucidated by chemical experiment. Suppose we wished to dissolve any particular substance by the power of an acid; should

we not do so more speedily and effectually by pouring the acid upon the substance in an undiluted state, than if we were to lessen its strength by diluting it with large quantities of fluid? The custom of drinking immoderately with our meals is unnatural and injurious.

Two or three hours after meals, when the sensation of thirst naturally arises, a moderate quantity of any fluid most agreeable may be taken. In this country it is usual with most persons after dinner to take tea, and not unfrequently is the imprudent use of this beverage the cause of derangement of the stomach, either from excessive indulgence in quantity, or which is more common, from drinking it exceedingly hot. I consider it injurious to take any fluid into the stomach at a temperature imparting a sensation of heat; by such means we diminish the tone and contractile power of the organ, and that at a time when it is requisite to excite, rather than diminish, its muscular energy.

Another point of essential moment is, that we thoroughly masticate our food; otherwise the labour of the stomach will be materially increased, in which cause alone indigestion may originate.

When the dinner has been taken at an early period of the day, a light supper, such as a little

sago, arrow root, or an egg, is requisite; but with the great majority of persons the injurious custom of taking late dinners supersedes the necessity for any subsequent administration of food.

CHAPTER V.

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*On the Introduction and Use of the Bougie ; of its Formation ; also of gum elastic, metallic, and medicated Bougies.*

WE now arrive at the most important point for consideration. However great may be our attention to the constitutional treatment of stricture, we shall, in most instances, find such attention to be merely palliative of the disease ; it is by the careful and scientific use of the bougie alone, that we may expect the curative measure to be accomplished. One or two hours previous to the examination of the rectum, an *enema* is to be administered of tepid poppy water, containing forty or fifty drops of laudanum, which will tranquillize the bowel, and remove any lodgment of faeces. The patient should also be requested to make water immediately previous to the introduction of the instrument. The rectum is first to be examined with the finger, to ascertain that there is no kind of obstruction near the orifice.

It is not an uncommon occurrence to find the passage, within an inch or two of the sphincter, more or less obstructed by membranous bands of a firm consistence extending across the gut. These bands, which may be more properly considered as strictures *in* the part, than strictures *of* the part, may be freely divided without any apprehension of danger.

At other times we shall find the mucous coat of the rectum thrown into numerous folds, one or more of which are protruded at the orifice after an attempt to pass an evacuation.

The patient, if a male, leaning over the back of a chair, or the side of a bed, should draw aside the nates fairly to expose the orifice of the bowel. In females the examination, being made beneath the bed clothes, is, of course, conducted without the slightest exposure. A full sized bougie, not less than eleven inches in length, properly softened, and well oiled, adapted to the shape of the passage through which it is to be passed, is to be introduced, with the convexity of the first curve towards the sacrum, in which way it is to be passed upwards and backwards about two inches,\*

\* The last curve of the rectum is so trifling, that it matters not whether we introduce the convex or concave part of the instrument towards the sacrum, but by passing it with the convexity backwards, we avoid the necessity of altering the position of the bougie in passing it through the second curve of the bowel.

through the third portion of the bowel; provided it gives no pain, for the introduction will commonly produce an uneasy sensation; we continue to propel the bougie in the same direction, about three or three and a half inches higher, or through the second portion of the rectum. The point of the instrument will now bear directly upon the hollow of the sacrum, and the but-end towards the left side of the body. With a view, therefore, of avoiding the sacrum, and of accommodating the bougie to the great curve of the bowel, we change its position, by describing the segment of a circle from left to right, with the but-end, turning it upwards, and at the same time continuing to propel the instrument. Having described this segment, we shall have carried the bougie full four inches farther, or to what may be considered the extent of the rectum. But it is yet to be introduced into the sigmoid flexure; we therefore triflingly depress the but of the instrument, while we continue to propel it upwards, till the whole is fairly within the sphincter: this accomplished, we may be satisfied.

Having passed the bougie between five and six inches, the patient generally complains of some uneasiness; (for it hardly amounts to pain), not only in the rectum, but over the surface of the abdomen, particularly in the umbilical region.

Upon encountering obstruction, *the most trifling* pressure is to be maintained for a minute or two, and if under this careful pressure the pain increases, and the instrument remains stationary, it is to be withdrawn, the next size introduced, and so on from above downwards, till we find one which passes with inconsiderable pain or difficulty completely into the sigmoid flexure. Should we doubt whether the bougie has entered this part, the doubt will be removed by relinquishing the pressure from the end of the instrument, when, if the bougie has not entered the sigmoid flexure, it will slowly recoil. We are occasionally apprised of its having entered this part by the passage of air from the bowel.

The instrument is to remain in the bowel ten or fifteen minutes, provided it produces no material irritation, care being taken to affix a tape through the loop to prevent the bougie being drawn up into the rectum; at the expiration of that time it may be removed, and allowed to harden in the shape to which the intestine has moulded it: this will be of service in the subsequent treatment of the case, acting as a guide by which we adapt the several instruments throughout the curative process. When we withdraw the bougie, we should bear in mind the anatomy of the rectum, being cautious not to strike the point of the instrument against the angles of the intestine.

Very commonly, upon the two or three first introductions of the instrument, the patient experiences a distressing desire to relieve the bowels; this desire will, however, gradually subside.

At intervals of from three to five days the operation is to be repeated, increasing the size of the bougie, and the period it is suffered to remain in the intestine, according as the circumstances of the case permit. We shall commonly be enabled to use a larger instrument on the second, third, and fourth introductions, when that we commenced with does not exceed number four; but when the size reaches number seven, we shall seldom be enabled to increase it more frequently than at every other introduction: as the instruments become of larger dimension, we shall be necessitated to pass the same many times; but no established rule can be laid down upon this point, which must depend upon the extent and nature of the contraction, equally with the constitutional irritability of the patient.

It will be perceived that I differ materially from many gentlemen who have written upon stricture of the rectum, on the frequency of introducing the bougie. Mr. Bell says, "The means of cure are, proper laxatives regularly taken, the use of clysters to prevent the lodgment of faeces above the stricture, and

"the *daily* introduction of the bougie or  
"tent."\*

Upon the same subject Mr. Copeland remarks,  
"When, by habitual costiveness, by the stools  
"wanting their usual figure, the constitution being  
"otherwise in tolerable health, an organic obstruc-  
"tion to the passage of the faeces is suspected, and  
"this suspicion is confirmed by examination of  
"the rectum with the finger; the first object of  
"the surgeon should be an enlargement of the  
"part by the introduction of the bougie. This  
"bougie should be of such a size as to pass, when  
"well lubricated with oil, without much difficulty  
"or pain. Sometimes, when the disease has been  
"of long continuance, it will be necessary to begin  
"even with a large sized urethra bougie, or one  
"of the same size as those which are made for  
"the œsophagus, and of a length that is likely to  
"pass beyond the stricture; that is, about six or  
"seven, or eight inches; but I think it is of con-  
"sequence to use a bougie at first rather too  
"small than too large. The benefit is derived  
"much more from the continuance of the bougie  
"in the rectum, than from a sudden dilatation of  
"the strictured part; and when it forcibly dis-  
"tends the stricture, the pain which is produced,

\* Bell on Diseases of the Urethra and Rectum, page 333.

" renders it necessary to withdraw the bougie  
" much sooner than if it had been of a size to  
" pass easily.

" When it has remained for half an hour or  
" more, according to the feelings of the patient,  
" it should be removed, and passed again *the next*  
" *day*, and the same sized bougie should be con-  
" tinued for several days, before any attempt be  
" made to enlarge it."\* Mr. Copeland farther  
adds, " That for some time after all symptoms of  
" the complaint have disappeared, it is necessary  
" occasionally, that is, every two or three days, to  
" introduce the bougie and withdraw it again."†

Mr. White, after giving proper caution respecting the manner of passing the instrument, adds, " At first it should not remain longer than  
" half an hour in the rectum, or if there should  
" be much irritation not so long; this, however,  
" very seldom happens with the bougie I employ,  
" after it has completely passed the stricture. By  
" degrees it may be suffered to remain eight or ten  
" hours at a time in the rectum, with little or no  
" inconvenience to the patient; in general it may  
" be used *daily*."‡

Now the action resulting from the introduction of the bougie is twofold, dilatation and absorption.

\* Copeland on the Rectum, page 28.

† Id. Ibid.

‡ White on the Rectum, pages 77, 78.

It is by dilatation that the simple spasmotic stricture is overcome, and by dilatation and absorption combined, that the permanent obstruction will often be materially alleviated, and occasionally removed. Our object should certainly be to dilate the passage as speedily as possible, nevertheless it ought to be borne in mind, that the introduction of the instrument causes an action or irritation, by which we overcome the unhealthy condition of the part. This action, or irritation, should be allowed to subside before we again introduce the bougie. If, however, we *daily* pass bougies, suffering them to remain in the rectum for eight and ten hours at a time, I would ask, what time do we allow for the subsidence of the irritation we have created? nay, do we not encounter it at every use of the instrument, and thus rather promote than lessen disease? In the early period of my practice, I adopted the plans recommended by the gentlemen before named; but, as I proceeded in different cases, reasoning from analogy, I resolved to pass the instrument less often, and was soon convinced of the benefit resulting from such mode of treatment; my patients experienced less irritation, and I was enabled to increase the size of the bougie more rapidly than when it was passed every day. Bougies should be used for the relief of stricture in the rectum nearly upon the same principle on

which they are introduced for the removal of obstruction in the urethra ; and I feel assured that very few of the profession of the present day put their patients to the unnecessary inconvenience of the *daily* use of instruments.

Another point of nearly equal importance is the *quality* of the bougie. A knowledge of the anatomy of the rectum evinces the necessity of our using an instrument capable of ready adaptation to the peculiar form of the passage, otherwise its introduction will be not only of no service, but productive of serious injury ; nay, we may even form an erroneous opinion of the existence of stricture, through rudely pressing the bougie against the angles of the gut, or the sacrum. In this particular, (the quality of the bougie) I also dissent from the opinion of the late Mr. White. For the great majority of cases the instrument he has recommended has not, I think, a sufficient degree of firmness ; its structure permitting it to yield too readily to the action of the bowel, by which that quantum of pressure is not maintained which is necessary to overcome the spasmodic affection of the intestine, and to promote the absorption of the deposition between its coats. It is probably the trifling action it induces which allows of its being so frequently introduced.

It likewise appears to me liable to another ob-

jection: being principally composed of rolls of lint, when bent it falls into wrinkles; hence it is apt to entangle in the folds of the mucous coat of the intestine. But where the stricture is accompanied with an enlarged and tender condition of the uterus, or where the rectum is particularly irritable, there Mr. White's instrument is certainly preferable to any other; and this for the very reason for which I consider it objectionable in the generality of cases, to wit, the ready way in which it yields to the action of the parts.

The bougie I have been accustomed to use, is composed of fine linen cloth, *heavily* coated with wax, and a certain portion of diachylon plaster, coloured with a small quantity of lamp black. By immersion in very hot water, for some minutes previous to being used, it is rendered soft and pliable to any extent, retaining, nevertheless, one regular and smooth surface; and as it requires a temperature above blood heat to soften it, when it is introduced into the rectum, it hardens to a degree sufficient to afford considerable resistance to the action of the stricture.

In its formation, care should be taken that the tape composing the loop is passed through nearly the whole length of the instrument; otherwise it is apt to become loose, and to give way when we attempt to withdraw the bougie from the bowel.

Mr. Bell has advised " sounding the rectum " by a ball fixed to the end of a piece of whale- " bone," a mode of examination I should not be much inclined to practice; for, if the ball be of any size, it must produce severe pain in passing the obstruction, from the sudden manner in which it distends the part. A medical friend, who was examined in this manner, informed me that the operation was " all very well in passing the ob- " struction, but the pain in withdrawing the instru- " ment was horrible." But, independently of the pain it produces, I should consider it an inefficient method of ascertaining the peculiarities of the con- traction.

The largest size bougie I am in the habit of passing measures in circumference three inches and a half, the smallest one inch; the interval between the two is subdivided into ten sizes, constituting in the whole an increase from one to twelve. The length for full grown persons, taking the standard of the human body at from five feet eight to five feet ten inches, is about twelve inches.\* Mr. Brough, of Bartholomew- close, has usually made them for me.

As to gum elastic bougies, when the stricture

\* I have occasionally introduced instruments of full fifteen inches in length.

.is remote from the orifice, the introduction of them is next to impracticable, since they cannot with safety be adapted to the several turns in the passage, especially at the superior portion of the rectum, where the greatest care is necessary to guard against injuring the bowel.

Of *metallic* rectum bougies, I should not have considered it necessary to say any thing, were I not acquainted with the fact, that such instruments are made, and therefore, as it may be presumed, for practical purposes. A very few years since it was the usual practice of the profession (with the exception only of the late Mr. White) to introduce this description of instrument. This fact may probably be questioned, the truth of it, however, may be verified by any surgeons' instrument maker. I have repeatedly seen metallic rectum bougies, *made to order*, perfectly straight, and varying in length from three to seven inches; indeed, I once saw an instrument of this kind eleven inches long, tapering to the point, the but measuring three inches and a half in circumference. No better proof could be adduced of how little the diseases of the rectum were understood than these facts. I should hesitate in the employment of metallic rectum bougies in any case—in the hands of the experienced anatomist they are, as I think, useless, and in those of the inexperienced highly dangerous.

With respect to medicated bougies: some writers have spoken of the introduction of instruments, which being in part composed of peculiar medicinal substances, were believed to exercise a specific action upon the part. The progress of surgical knowledge has justly removed a great deal of the confidence entertained in the effect of such bougies.

When the stricture is accompanied with extreme local irritation, benefit may be derived from introducing an instrument smeared over with an unction, composed of one ounce of elder flower ointment, mixed with a scruple of very finely powdered opium. A portion of this becoming absorbed, renders the rectum less irritable; and thus the disposition of the bowel to reject the bougie when it is introduced is diminished. So, where there is any substantial reason for believing the stricture to be connected with *syphilis*, the bougie may be smeared with mercurial ointment: a method of introducing mercury into the system which I have found both expeditious and convenient. By this mode I have succeeded in producing ptyalism in forty-eight hours.

## CHAPTER VI.

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*Of the usual Appearances which occur during the curative Process of Stricture, and of discontinuing the Use of the Bougie.*

As we proceed in the treatment of the disease, various effects will arise. I have known each introduction of the bougie to be immediately followed by cramps in the thighs and legs; several instances of this description have occurred to me, principally in the persons of females.\* In another female patient, considerable numbness, accompanied with pain, was felt in the right leg only, while the instrument lay in the rectum. I have seen shivering fits produced from its introduction; and occasionally an inclination to sickness; but, unlike what takes place when first the urethra bougie is passed, I have seldom known it

\* This symptom may be rationally accounted for, by supposing that the instrument presses upon the nerves which supply the inferior extremities with sensation.

give rise to fainting. Not uncommonly when the point is passed into the colon, and during the time it remains in that intestine, trifling pains, similar to such as are experienced after taking opening medicine, are felt over the surface of the abdomen, particularly in the epigastric region. After one or two introductions of the instrument, if these pains do not occur at the time, they frequently follow, and are usually succeeded by a discharge of a jelly-like substance, or by offensive motions. I have known the irritation to be so great, that patients have been alarmed, and apprehensive of inflammation of the bowels; it generally, however, subsides without any medical treatment; should it be otherwise, a cordial aperient draught\* will remove it.

Another circumstance, which I have often noticed during the curative process, is a peculiar susceptibility in patients to take cold; so common an effect is this that I invariably admonish patients to be cautious of avoiding it. I find by reference

**Recipe, Pulveris Rhæi.**

Confectionis Aromaticæ  $\frac{1}{2}$  a 9i.

Tincturæ Sennæ 3ii.

Tincturæ Cardamomi compositi 3i.

Aquaæ Menthæ Piperitidis 3x.

**Misce.** Fiat haustus pro re natâ sumendus.

to the notes of various cases of stricture in the rectum, that in a very large proportion of them, though the utmost care was taken to guard against the affection, the patients suffered more or less from irritation of the mucous membrane.

This symptom first directed my attention to the probability of consumption being sometimes connected with stricture of the rectum: I have seen instances of the co-existence of the two diseases exhibited in *post mortem* examinations; and it is most certain that *fistula in ano*, a very common result of stricture, will frequently be found to precede disease of the lungs.

Of all the annoyances attendant upon the introduction of the instrument, none is so troublesome to the patient and the surgeon as the powerful action and the irritation of the sphincter muscles. We may lessen this by taking care to pass the bougie completely into the rectum, first affixing a tape through its loop, a precaution which should never be neglected; for the bowel will sometimes draw up the bougie, so as to take it completely out of the reach of the finger; this happened in one of the cases hereinafter narrated. The patient, exceedingly alarmed, sent for me; but prior to my arrival he had voided the bougie, rolled up like a ball. It caused the most distressing pain in its passage through the sphincter, but no subsequent

inconvenience resulted from the accident. With a view of lessening this irritation, I have several times introduced a probe-pointed bistoury, and partially divided the sphincter, inserting for a day or two a plug to distend the part, and prevent its union by adhesion. This has removed the annoyance sufficiently to admit of the ready introduction of the instrument.

The bowels will sometimes become regular, after a few introductions of the bougie; while, in other cases, weeks will elapse before any material benefit will be produced; and too often, though the general health and appearance of the patient are evidently benefited, a regular action of the bowels never returns. In these last instances, the obstruction will generally be found high up, and, in all probability, of many years standing; one of the most frequent and important consequences of which is, a permanent enlargement, and consequent impaired function of the colon.

We should persist in passing the bougie, till we are able to introduce a size as large as number nine readily into the sigmoid flexure. I have several times found it impracticable to go beyond this number.

The introduction of the instrument is to be discontinued by degrees; and we are to pass it at more protracted intervals, till, at last, we

simply use it as a preventive once in six weeks or two months, or as the peculiar circumstances of the case may require. Sometimes we shall not find it necessary to have further recourse to it; but by far the greater number of cases will need the occasional use of instruments for life. Happily, however, the patient, after some time, is enabled to become his own surgeon, by which he is saved unnecessary inconvenience and expense.

Under the attentive practice of the plan laid down, we shall find a great majority of the cases of stricture to be alleviated, and many to be removed. Occasionally, however, the cure is tedious and troublesome, requiring the greatest degree of attention on the part of the adviser and the advised. This particularly applies to females, whom a disinclination to narrate the features of the complaint, and to undergo the treatment necessary for its removal, has led to bear the disease to a protracted period; when it has not only reached the condition of a permanent stricture, but has become connected with some secondary local affection, and with serious impairment of the general health.

The foregoing observations comprise the constitutional and local treatment I have generally pursued in cases of simple spasmodic, and perma-

inent stricture of the rectum. When the disease has produced the lamentable effect of a communication between the rectum and the bladder or the vagina, I am unable to recommend any treatment likely to be of service. Reflection points out the propriety of the frequent use of *enemas* to prevent any local accumulation.

## CHAPTER VII.

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### *On Dividing the Stricture.*

TAKING into consideration the danger consequent upon haemorrhage, the probability of inflammation, and the distressing irritation which arises from the necessity of keeping the divided portions of the gut separated during the healing process, the division of a stricture may be always accounted a dangerous, and, in many cases, an equally useless operation. There are few instances, where it can be attempted consistently with utility and safety. It may be performed, where the obstruction is sufficiently near to the orifice, to admit of an examination of the disease being made with the finger,\* indeed, unless this can be accomplished, I should not feel justified in attempting the operation; since there is not any

\* This of course does not apply to carcinomatous disease of the rectum.

safe criterion whereby to judge of the extent and nature of the contraction, or any guide to prevent our injuring blood vessels of considerable magnitude, the haemorrhage from which might, under circumstances of local irritation, prove fatal.

Even under the most favourable progress, the patient will find a difficulty in retaining the bougie in the bowel, after it has been divided, which is essential to ensure the success of the operation.

It may be necessary, in making these observations, to draw the reader's attention to the distinction between that kind of obstruction which is produced from the formation of adventitious bands, or septa in the rectum, and stricture of the gut itself; since, as I have before mentioned, the former may be freely divided without any apprehension of danger.

Having resolved upon the division of the part, we proceed with the operation in the following manner. The forefinger of the left hand being introduced into the rectum, to ascertain the most prominent parts of the stricture, and that no vessels of magnitude prevent its safe division, a broad probe-pointed bistoury, its side resting upon the finger, is to be passed fairly beyond the obstruction; the edge should then be everted, and the stricture divided, in one or more parts, as

may be necessary.\* It will generally be requisite to divide the intestine in several bearings, and we should not be satisfied till we are able to introduce a bougie of the size of number nine or ten. I think this mode of division preferable to that of one deep incision; since we cannot with safety completely separate the muscular coat of the intestine, excepting towards the sacrum: and, even in this situation there is considerable hazard in so doing.

Hæmorrhage having ceased, the rectum is to be cleansed by an *enema* of tepid poppy water; and a portion of bougie, well oiled and covered with lint, or a plug, entirely composed of the latter material, introduced, of sufficient size to distend the bowel: it is not necessary to pass this farther than through the part which has been divided. If practicable, this should remain in the rectum undisturbed twenty-four hours, by which period discharge will generally have commenced; after which, we may be satisfied that no union, by adhesive inflammation, will take place. It is then to be removed, and after the bowel has been emptied by an *enema*, to be replaced by another plug;

\* Sir Astley Cooper's knife for Hernia, made broader in the back than is common, is an excellent instrument to use for this purpose.

smeared over with spermaceti ointment. This plan is to be adopted daily till the intestine is healed, which will be evinced by the absence of discharge upon the surface of the dressing.

During the curative process, the patient should be supported upon the smallest possible quantity of food of the most nutricious quality; and, after the first two days, such a portion of castor oil administered, as may relax the bowels.

When the part is healed, it will be proper to introduce a full-sized bougie every third or fourth day, suffering it to remain in the bowel till the patient is desirous, from the irritation it excites, to have it removed.

Provided the operation proceeds favourably, this comprises all the necessary treatment of the case; should inflammation however occur, or great local irritation ensue, the bougie must be immediately removed, and the necessary measures adopted, *with the utmost promptitude and decision.*

Upon the whole, the operation is not of a description to induce me to recommend its performance; such at least is the result of my experience; under the most favourable issue, I do not think it likely to be productive of that degree of success which may be considered a compensation for so hazardous and painful an expedient. In the first

instance in which I performed it, I was compelled to remove the plug, three hours after the operation, on account of the excessive irritation it created. In another case the patient nearly fell a sacrifice to peritoneal inflammation. A third instance is detailed in the sequel, in which, advantage appeared to have resulted from the operation, but the patient died at so recent a period after its performance, that no opinion could be formed as to the degree of permanent benefit which might have ensued.\*

I have never seen a case of the fissure at the anus, so particularly described by M. Boyer, in the *Journal Complementaire, ou Dictionnaire des Sciences Medicales*, for November, 1818. I am unable, therefore, to give any practical opinion upon the treatment he has advised. If the affection were to fall under my observation, I should probably follow the plan he has recommended.

\* See case XIII.

## CHAPTER VIII.

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### *On the morbid Anatomy, Symptoms, and Treatment of carcinomatous Disease of the Rectum.*

As this species of contraction is usually within reach of the finger, we are more readily enabled to examine its condition.\* Even at an early period, the disease possesses certain peculiarities, confirmatory of the malignancy of its character.

The surface of the rectum sometimes for a considerable space, feels indurated and irregularly thickened, the mucous coat being closely puckered up into wrinkles, the edges of which have a bony hardness. By degrees, these prominences ulcerate, and the inner coat of the bowel is absorbed from the pressure of a new growth of substance. The appearance of this is very various, occasionally it is hard and nodulated; while at others it is soft, imparting a pulpy feel upon pressure; and sometimes it is so highly vascular, that even a

\* Provided the obstruction is sufficiently near to the orifice, the examination may be assisted by the use of the speculum ani; it must, however, be introduced with the utmost possible caution.

cautious examination of the part with the finger will induce haemorrhage. Whether this substance originates in a specific action of the vessels in the cellular tissue, between the mucous and muscular coats of the bowel, or in the mucous glands of the intestine, appears to me doubtful; were I to hazard an opinion, I should say that carcinomatous disease of the rectum originates in a peculiar morbid condition of the mucous glands of the part; such was the opinion of Dr. Baillie, which the usual situation of the disease appears in some degree to confirm, for the glandular structure is far more prevalent near to the orifice than in any other part of the bowel. I have, however, no means of judging of the correctness of this supposition, never having had the opportunity of examining a patient who died of carcinomatous disease of the rectum in its early stages. I have seen several excellent preparations of the scirrho-contracted rectum, where the disease was in its most advanced condition. In two of these cases the mucous and the muscular coats of the bowel were absorbed, from the pressure of a newly-formed substance, which had made its way through the bladder in one instance, and the vagina in the other. As this morbid growth increases, it will absorb every part with which it comes in contact, even to the bony walls of the pelvis. There is a

## 68 SYMPTOMS OF CARCINOMATOUS CONTRACTION.

species of contraction, which, though above all others tedious of removal, ought not (so far as my experience has led me to judge) to be considered of a scirrhous character; I mean the annular stricture within reach of the finger. I have known instances of this description of contraction, in which, upon the patient's first application to me, I could not pass even a *urethra* bougie; nevertheless, by following up the use of the instrument, I have always succeeded in dilating the obstruction materially, and sometimes to such an extent as even to admit of the passage of a bougie of the size of number seven or eight.

But whatever doubt may attach to the origin of carcinoma, both the constitutional and local symptoms which accompany it plainly elucidate the peculiarity and malignancy of the disease. To the usual symptoms which accompany stricture, there are superadded the most acute lancinating pains in the part, which extend through the pelvis, into the lower part of the back, and down the thighs. Every now and then there is a sudden gush of bloody discharge from the bowel, evincing the ulceration of some portion of the diseased surface; the suffering upon passing the smallest quantity of feculent matter is distressing in the extreme; a patient has described it to me to be like something scraping a raw surface. In the latter periods of

the complaint there is commonly a peculiarly offensive discharge from the bowel, similar in odour to that which accompanies carcinomatous disease of the uterus; the function of which part, as well as that of the urinary organs, are always disturbed. The general health soon suffers, even the countenance of the patient indicating extreme pain. It is altogether a horrible affliction; happily, it is (as I think) proportionably uncommon.

In the treatment of carcinoma, all we can do proves of little avail; a variety of medicines, such as calomel, hemlock, opium, &c. have been advised; but I fear that the utmost effect we may hope for from our labours, is to soothe the passage of the afflicted sufferer to the grave. I have known the frequent application of leeches to the orifice of the bowel, together with the introduction into the rectum of a pill, containing a grain or two of opium, greatly to alleviate the peculiar aching pain characteristic of this kind of contraction. The perseverance in the use of *enemas* is likewise productive of comfort; they are to be used every night and morning, to one or other of them from forty to sixty drops of laudanum being added. When administering them we should be particularly cautious not to irritate the parts in introducing the pipe, which ought never to be passed more than an inch, or, at farthest, an inch and a half, within the sphincter.

## 70 TREATMENT OF CARCINOMATOUS CONTRACTION.

I have found the solution of chloride of lime, in the proportion of half a drachm to half a pint of water, an excellent formula for an *enema*; it not only lessens the irritability of the bowel, but corrects the offensive odour of the discharge from its diseased surface.

" It is of the utmost moment that we avoid the introduction of any kind of bougie; such treatment will not only be productive of no benefit, but will inevitably aggravate the affliction, besides the great bodily pain it will cause to the patient. A late respectable and amiable surgeon, than whom a more humane and cautious man did not exist, attempted the use of bougies in a case of carcinomatous affection of the rectum; but the patient had nearly fallen a sacrifice to his well-intentioned endeavour; the introduction of the instrument produced not only severe local pain, but acute spasms throughout the bowels, attended with vertigo and vomiting, which lasted for many days.

## CHAPTER IX.

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### *Further Remarks.*

WHEN describing the symptoms of stricture, I remarked of various affections, that they might be considered as the necessary consequences, if not the immediate symptoms, of that disease. I shall now proceed to notice some few of those affections, in the order in which they have most frequently occurred, in such instances as have fallen under my immediate observation: and first, of—

### *The Urinary Organs.*

We need only refer to the relative situation of the bladder and the rectum, to perceive how natural it is for the functions of the former to be more or less disturbed by stricture in the rectum. The constant efforts to relieve the bowels, by occasioning pressure upon the fundus of the bladder, speedily excites a correspondent irritation in this part, inducing a frequent desire to void the urine; while accumulations, collecting in the lower por-

tion of the rectum, irritate the neck of the bladder more particularly, and promote spasmodic action to such a degree, as even entirely to paralyse its functions : hence, we may have either incontinence or retention of urine from the same source.

The exciting cause remaining, nature will proceed to relieve herself by the formation of matter, either at the neck of the bladder, or in the prostate gland ; and, in extreme instances, disease will extend into the mucous coat of the bladder, and thence even into the kidneys themselves. A singular and interesting case of the two latter affections combined, the result of mechanical pressure, from a large tumour on the pelvis, filled with hydatids, will be found in the sequel. In this instance, it was somewhat remarkable that, although the urinary organs were considerably disturbed, and the patient died from matter forming in both the kidneys, the symptoms of obstruction in the rectum were not of sufficient importance to lead to any examination of the part. Though the passage through the bowel must have been greatly obstructed by the pressure of the tumour, there was not any difficulty of passing relief from the bowels ; there was, however, a frequent desire so to do, and the stools were of small size, but, in other respects, they were healthy ; yet the irritability of the urinary organs was so great, that the

patient was obliged to pass his water every two or three hours, in doing which he experienced much difficulty and pain. I here suspected obstruction in the urethra, and in consequence introduced a bougie into that canal, which only aggravated his sufferings, yet I encountered no symptom of disease, save extreme tenderness at the prostatic part of the canal.

The collection in the rectum before alluded to, aggravated by an enlarged and distended state of the colon, pressing upon the kidneys, deranges their function, giving rise to unhealthy secretion, whence may originate the formation of calculi: so, likewise, the irritation propagated to the canal of the urethra, may promote either morbid discharges, or the momentous malady of stricture. That these various effects may result from the same cause, is illustrated by the following Cases.

### CASE I.

Mr. ——, age 29.] Oct. 22, 1823.—Applied to me on account of a long existing gleet, connected with stricture in the urethra. He was otherwise much out of health, having frequent pains in the head, and in the pit of the stomach after eating; he suffered from loss of appetite, and costive or relaxed bowels, with occasional

discharges of blood and slime in his motions, which were never figured; and he had frequent pain in his back and loins, with cramps in his legs and thighs, particularly at night. In this case, I for some time introduced urethra bougies, and paid strict attention to the general health; yet the symptoms were not altogether removed, though certainly diminished. At the expiration of six weeks, I examined the rectum, and discovered a stricture eight inches up, through which a bougie of the size of number two passed with difficulty and pain. Upon this I discontinued the introduction of the urethra bougie, and, at intervals of four days apart, I continued to pass the rectum bougie, increasing the size every fourth or eighth day, for about six weeks, when the discharge had subsided, nor had the patient any symptoms of irritation of the urinary organs; his general health was also better. By a prosecution of the same plans for the space of three months more, I was able to use the largest sized bougie. His health was then re-established, and I took my leave.

## CASE II.

Mr. ——, age 30.] Nov. 23, 1822.—Complained of pain in the occiput; in the region of the colon, especially the descending portion; of pains in the

lower part of the back, and in the groins extending into the scrotum and thighs, and of itching about the orifice of the rectum. The bowels were irregular, occasionally purged, but more usually costive, the motions passing with pain and difficulty, accompanied with discharges of blood and mucus; he had frequent inclination to make water, with a sense of weight and pain in the region of the bladder. Treatment. An *enema* every night, castor oil every morning.

Nov. 27.—I examined the rectum, and discovered a ~~structure~~ at five inches, through which number four passed with some difficulty; he retained the bougie eleven minutes.

Nov. 30.—The *enema* had relieved his bowels daily; he had less irritation about the orifice. I introduced the bougie, which he retained twenty-five minutes.

Dec. 6.—He felt more comfortable; had had little or no head-ache. I increased the size of the bougie.

Dec. 9.—For the last two days he had experienced an uneasy sensation throughout the bowels, similar to what he had felt after taking powerful aperient medicines; his bowels had been much gripped, and the discharges from them were very offensive. He had retained the bougie two hours and fifteen minutes, when he was compelled to

remove it to relieve his bowels. I passed the same, and subsequently number six.

Dec. 16.—He was in all points improved; had had a good deal of the griping pain in his bowels, but this day passed a figured motion; had retained the bougie five hours; upon withdrawing it a considerable quantity of thick mucus of a brown colour followed. I used the same instrument.

Dec. 20.—The bougie had remained up six hours. The bowels had been, upon the whole, pretty well; in fact, he had suffered little annoyance of any kind. I introduced number eight.

Dec. 28.—He had retained the instrument twenty minutes; had occasionally required opening medicine, though he had daily used the *enema*, which sometimes brought away a great deal, at others scarcely any thing. I passed the same instrument.

Jan. 5, 1823.—He was in more comfortable health than for months past, not requiring opening medicine more than once in every seven or ten days: he had experienced no irritation about the bladder; and had retained the bougie nearly three hours. I passed number nine with difficulty through the sigmoid flexure; the lower obstruction appeared to be removed.

Jan. 23.—He had not called upon me, finding himself exceedingly well; but within the last two

days had felt some pain in the loins and in the region of the bladder. I passed the same bougie; he had retained the last, introduced by himself, seven hours.

Feb. 12.—He was better in health than for years past; he had no pain in his head, and his bowels acted daily without medicine, or even the use of the *enema*; yet he sometimes felt a trifling pain in the lower part of the abdomen, also in the left groin, extending down the scrotum. I advised his occasionally passing the bougie for himself.

Aug. 10.—Within the last day or two he had had a return of the pain in his loins, and been a good deal annoyed by cramp in the thighs, nor had his motions been so plentiful or healthy; he had never used a bougie since I saw him in February. I introduced number nine; it caused a little irritation at the sigmoid flexure only. By passing two or three other instruments, at intervals of seven or ten days apart, he again became comfortable.

#### REMARKS.

I every now and then pass a bougie for this patient; his health is greatly benefited; in fact, he experiences scarcely any thing of his annoyances. Prior to my attendance, *he used to be necessitated to pass urethra bougies for an ob-*

*struction in that canal; but since the relief of the stricture in the rectum he has discontinued their use.*

### CASE III.

[Mr. ——, aged 19.] June, 1823.—Had been under the care of a variety of medical men for stricture in the urethra; which complaint he had suffered from, more or less, for the last twelve months. Upon examining the canal, I discovered three obstructions; the first about one inch and a half from the orifice, the second at the bulb, and a third at the membranous part; there was also great pain and irritation upon passing the prostate, and at the neck of the bladder. I could with difficulty pass the smallest sized bougie but two. His general health was impaired; the bowels always either confined, or much relaxed; he suffered from piles, from pain in the loins, hips, and thighs; his urine was scanty and high coloured, and deposited a white sandy sediment; his appetite was inordinate. I passed bougies every third or fourth day, and pursued the usual treatment for four months, when the strictures were much improved. At this period he contracted a *gonorrhœa*, which prevented any further progress in the case for nearly five months; at which time I again

introduced the bougie, and was happy to find the obstructions were not worse. During the inflammatory stage of the *gonorrhœa*, he had several attacks of profuse haemorrhage from the urethra, and he twice suffered from retention of urine.

Though I paid the strictest attention to this patient no satisfactory progress was made; sometimes I was able readily to introduce a good sized bougie, while at other times the spasm in the part would prevent the use of even a small sized instrument. His general health was far from good; the bowels continued confined, seldom being relieved without medicine; he suffered from piles, and from irritation at the orifice of the rectum, on the verge of which several small ulcers formed. The pain in his back and loins returned, as well as the frequent disposition to make water.

March 26, 1824.—Under these circumstances I examined the rectum, and discovered two obstructions; one at five inches, the other at the sigmoid flexure. Through the last I could only pass number four. I advised my usual plans, adding, that I thought I had a well-grounded hope that his afflictions would in time be alleviated. By strict perseverance in the use of the *enema* every morning, with castor oil every other night, and in the introduction of the bougie every fourth day, which he retained in the bowel till the dis-

position to expel it came on, in the course of a month he became much better. After the first four or five attendances his bowels acted each day, frequently twice, without any aperients being taken, and all his annoyances were proportionably diminished.

"During this period I purposely omitted using the urethra bougie, with the view of ascertaining to what extent the removal of the obstruction in the rectum would benefit the urinary organs. In a short time the discharge from the urethra lessened, and the irritation and frequency of making water subsided. The case proceeded exceedingly well during three months, when I was able to pass number nine into the colon, without any material obstruction or inconvenience. I also introduced a urethra bougie of a size much larger than formerly, with trifling difficulty. I now took my leave, cautioning him respecting his general health, to use bougies both to the rectum and urethra occasionally, and on no account to omit the *enema* every morning.

July 9.—He called upon me. The discharge from the urethra had not entirely ceased, and the frequency of making water had, within the last ten days, returned in a trivial degree. He also suffered from pain in the loins and region of the bladder, and from cramp in the thighs: though he had

not introduced any instrument, or used an *enema* but twice since I last saw him, his bowels had been tolerably regular. I passed a rectum bougie, of the same size as that last used, the whole extent of the bowel; it gave him no pain, excepting at the sigmoid flexure. Treatment. *Oleum ricini omni mane, enema omni nocte, injectio zinci sulphatis ter in die.* In about twenty days all the irritation of the urinary organs had ceased, as well as the discharge. I again took my leave, recommending the same plans as heretofore.

#### REMARKS.

This case clearly elucidates the immediate connection of the two obstructions; and the speedy manner in which that in the rectum was alleviated, while in the simple spasmodic state.

### CASE IV.

WRITTEN BY THE PATIENT.

“ My DEAR SIR,

“ As you expressed a wish that I should furnish you with the particulars of my case, I send you, so far as my memory will permit, a correct statement. My health, for several years previous to applying to you, was such that I never could

“ call myself well, insomuch as I could not obtain  
“ regular evacuations from my bowels without al-  
“ most daily taking medicine : I suffered much from  
“ head-ache whenever I omitted doing so ; and  
“ was repeatedly annoyed by boils which came on  
“ the lower part of my belly, also by excoriations  
“ on the outer and inner parts of the prepuce. I  
“ had, at different times, a gleet, unattended by  
“ any pain in making water ; and constantly after  
“ an evacuation, when my bowels were in a con-  
“ fined state, I passed a portion of blood both by  
“ the urethra and the rectum.

“ It was also singular, that in hardly any instance  
“ did the strong medicines prescribed for me be-  
“ nefit my complaint, while I found that attention  
“ to my bowels, by constantly taking medicine of  
“ the mildest description, caused all unpleasant  
“ symptoms to disappear, as it were, of themselves.

“ About three months previous to my last illness,  
“ in the autumn of 1825, I was attacked by a vio-  
“ lent pain in my loins, attended with a trifling gleet  
“ and discharge of blood after passing my water.  
“ I applied to a medical man of eminence, who  
“ gave me what I considered very strong medicine.  
“ After being many weeks his patient, finding my-  
“ self no better, I discontinued visiting him, and only  
“ took gentle aperient medicines, with occasional  
“ warm baths. In a short time I grew better, the

“ urgent symptoms disappearing; but I only considered myself patched up, constantly expecting to be again attacked. In this respect I was not deceived; for, in November, 1825, I was suddenly seized with inflammation of the prostate gland, swelled testis, attended with such extreme pain and soreness at the anus, that I could not pass the smallest evacuation without severe suffering, particularly in that part; which was so contracted as not to admit of a bougie larger than a large quill, yet I was obliged to take aperient medicine twice daily, which caused me the most acute pain after each evacuation. I could not bear to lie in any other position than on my side.

“ In this stage of my suffering I requested your advice, you are therefore well acquainted with the subsequent features of my case; suffice it for me to add, that after following your advice for between two to three months, I not only experienced temporary benefit, but have never since found it necessary to take opening medicine to obtain my daily evacuations; my bowels are sometimes rather confined; a few days' use of the injection, however, restores them to their wonted activity, and makes us perfectly good friends again.

“ I am, my dear Sir,

“ Yours, very truly,

“ September, 1827.”

“ — — —.”

When I first saw this patient, matter had formed in the prostate, and he was labouring under severe inflammatory fever. As soon as the part became tranquil, and the constitutional disturbance had subsided, I examined the rectum, and discovered a stricture at seven inches, through which I could only pass number four. In the course of three months, by persevering in the use of the bougie, together with my general plans, he became perfectly well, and has continued so till the present period, August, 1829. In this case I did not even examine the urethra.

#### CASE V.

—, Esq., age 23.] Sept. 1825.—Had for some months had a profuse discharge from the urethra, originating in a virulent gonorrhœa, for which he had taken the usual remedies, to little or no purpose. His general health he considered good, though his bowels were somewhat irregular. Treatment. *Injectio zinci sulphatis ter in die utenda, fatus communis, oleum ricini pro re natâ.* In the course of two months he was convalescent. He had not, however, discontinued his medicine many days, before, without any ostensible cause, the symptoms returned with increased violence, accompanied with acute pain in passing his water,

which flowed in a small stream, and with difficulty. Suspecting stricture in the urethra, I examined that canal, and discovered three obstructions. Though I introduced the bougie with the utmost possible care, it created considerable hæmorrhage. I advised a prosecution of the same treatment as before, and repeated the introduction of the bougie every fourth day, gradually increasing its size; the irritability at the neck of the bladder was extreme, and the introduction of each instrument was usually followed by more or less hæmorrhage: this seldom happened at the time of using it, but from six to twelve hours after; to alleviate this irritation, local fomentations, leeches, and cupping the perineum, were several times resorted to. After some days, the irritation lessened, and I was able to pass a tolerably fair sized instrument into the bladder. The patient appeared to be going on well, when, without any ostensible cause, pain came on in the rectum, which pain increased upon going to stool; he had also a frequency of making water, followed each time by a discharge of blood from the urethra. I now desisted from introducing instruments, and had recourse to the same treatment as before. Notwithstanding the rigorous adoption of this plan, the symptoms continued to grow worse; the pain in the rectum, in the hips, groins and thighs was acutely severe, accompanied

with constitutional disturbance and fever; the patient was obliged to discontinue the use of the *enema*, on account of not being able to introduce the pipe, which he said appeared to strike against some particular part, causing him great pain. I now suspected the formation of abscess in the prostate, and upon introducing my finger into the rectum, distinctly felt that gland enlarged; the slightest pressure upon it gave him extreme uneasiness. In the act of relieving his bowels two days subsequently, he felt something burst in the rectum, which was followed by a discharge of matter. The pain in the gut, the back, and thighs, now became better; and he was able to throw up the *enema* night and morning. By degrees, the discharge from the bowel lessened, as well as the symptoms of general irritation. Having resumed the introduction of the urethra bougies, in about six weeks I was able to pass the largest size into the bladder. I frequently, however, failed in accomplishing this at two succeeding attempts; sometimes the irritation was so great, that I could not pass even a small sized instrument; nor did my patient's health improve to the extent I expected. The bowels were likewise capricious; the smallest quantity of castor oil would sometimes relieve them, while, at others, even a considerable portion failed in producing a proper evacuation.

He had not now any difficulty in passing his motions; since he generally took a dessert spoonful of oil every or every other day, but he complained of pain in his loins, and of frequent desire for evacuation, with each of which he passed a good deal of slime.

Under these circumstances, I examined the rectum; when I discovered an obstruction at the sigmoid flexure, through which I passed number six. The bowel was so irritable, that he could not retain the bougie for five minutes. By a steady perseverance in the introduction of the bougie every five or six days, gradually increasing the size, accompanied with the usual local and constitutional treatment, in the course of three months he recovered. In less than three weeks all local irritation had abated; the bowels acted regularly without any aperient medicine, and his health improved, every symptom progressively getting better, till he was quite recovered.



#### REMARKS.

In this case I consider the irritability of the urinary organs to have been produced, in a great degree, from the obstruction in the rectum. I attended this gentleman's father for stricture in the rectum; and his mother died of an affection of the uterus.

## CASE VI.

WRITTEN BY THE PATIENT.

“ About four years since I experienced, at times, much trouble in passing my water; and being alarmed, consulted my apothecary, who introduced with very great difficulty a urethra bougie, which gave me considerable pain, and caused a great deal of blood to come from me. He desired me to call again in a week, which I did; when he introduced another bougie, which created still more pain, and profuse bleeding. Unwilling to continue under his care, I consulted Mr. ——, who treated me for strictures in the urethra, passing very small bougies, from which, in process of time I derived much benefit, so much, that after having been under his care for about three weeks, I was enabled to become my own surgeon. I continued to introduce bougies until I thought myself cured. At times, however, I had a good deal of pain in the pit of my stomach, and was otherwise much deranged in my health. In the winter of 1827, I began to get worse, having constant pains in my back and loins, and in the back part of my head. I was debilitated, and unable to take exercise; added to which, I ex-

perienced great difficulty in making water,  
“ being unable for a whole day to pass any. I  
“ now consulted Dr. —, of —, who advised  
“ me to take the Plummer’s pill and castor oil, as  
“ my bowels were so much confined. This I did,  
“ taking two table spoonsuls of oil every morning,  
“ till I had consumed above three quarts, when I  
“ discontinued it, as it had no effect; I still,  
“ however, introduced the small bougies, though  
“ they produced much spasmotic affection in the  
“ bladder, and appeared to disorder my whole  
“ system. At this period I first consulted you,  
“ when you examined the rectum, where you  
“ found strictures, to which you turned your  
“ whole attention. As they were destroyed, I  
“ lost the pains in my loins, and all my other an-  
“ noyances; but you best know the progress of  
“ my case.

\* \* \* \* \*

“ ——.

“ June, 1828.”.

#### REMARKS.

Upon examining the rectum in this case, I dis-  
covered stricture about five inches up, likewise

at the sigmoid flexure. With the view of ascertaining the correctness of my belief, that the irritability of the bladder, and of the urethra, was kept up by the diseased condition of the rectum, I did not pass any instrument into the bladder, till I was able readily to introduce number six into the bowel. I then examined the urethra, and was able to introduce a bougie several sizes larger than my patient had before used, with little difficulty; nor was its introduction followed by haemorrhage as heretofore.

Sept. 1829.—This patient has enjoyed an uninterrupted good state of health ever since he took his leave of me.

At the period he first consulted me, he suffered almost constantly from pain in the region of the kidneys, and of the bladder, which was so irritable, that he was compelled to void his urine every three or four hours; his general health was likewise much disturbed. In the course of six weeks, however, he was so far convalescent as to be able to quit London, and to become his own surgeon. Three months after his return home, he forwarded me the narrative which immediately precedes these observations.

## CASE VII.

Mr. —, age 49.] June 17, 1824.—My attendance was requested to this patient, to tap the bladder in a case of retention of urine. I found that viscus much distended, and spasmodic irritation existing to a great extent. He had passed no water for two days and nights. The pulse was full and frequent. The bowels were violently purged, though no aperient medicine had been given; which had been the case for two or three days previously to his present attack.

Knowing somewhat of the constitution of this patient, and that he had for years been subject to obstinate confinement of the bowels, with occasional attacks of diarrhœa, and to giddiness and pain in the head; I gave it as my opinion, that the retention of urine was secondary, in consequence of obstruction, and probably of accumulation of fæces in the rectum, irritating the neck of the bladder. His medical friend, however, differed from ~~me~~ in opinion; notwithstanding which, I examined the bowel with my finger, when, owing to the prolapsed state of the gut from the pressure of a collection of fæces, I was enabled distinctly to feel the obstruction. The patient had been using the warm bath, and taking the muriated

tincture of iron; and many fruitless attempts had been made to introduce the catheter. I recommended a continuance of the warm bath, and an *enema*, containing twenty drops of laudanum, every half hour.

After the administration of two *enemas*, I succeeded in drawing off the urine; there was considerable spasm at the neck of the bladder, and stricture at the bulb of the urethra. Great quantities of faeces came away after each *enema*, which was ordered to be continued, without the laudanum, every six hours, together with the hip bath, night and morning. In a few days he had recovered from the effects of the attack.

I now recommended the examination of the rectum, to which he assented; and I discovered a stricture at five inches, and a second at the summit of the gut; through the latter I could, with difficulty, introduce the smallest sized bougie.

In this case I followed my usual plans, increasing the size of the instrument, till in about three months I was able to pass number ten with little difficulty or pain. In the space of six weeks, the bowels which had been for years extremely uncertain in their function, became regular, and the discharges healthy in quantity and quality; the giddiness and pain in the head, which he had suffered for a long period, diminished; and he made water

with comparative ease and comfort. The obstruction at the sigmoid flexure was obstinate and uncertain; sometimes I could not pass a small bougie, while at others I could readily introduce number seven or eight; when irritation existed most, the bougie was indented, exactly as it is in stricture of the urethra. As the contraction was removed, quantities of mucus, of a brown colour, preceded by pains in the abdomen, followed the evacuations. For a long period previously to my attendance he had suffered from piles, itching at the orifice of the rectum, and from cramp in his legs and thighs, especially at night; all of which symptoms gradually disappeared. During the latter period of this case the patient laboured under severe cold.

August, 1829.—I frequently see this patient; he never takes any kind of medicine; nor has he had a day's illness since the time I attended him. He passes bougies for himself.

### CASE VIII.

— Esq., age 36.] April 19, 1822.—I was requested by a physician to sound this gentleman for stone in the bladder, of which disease he had had the most marked symptoms several months. On my questioning him respecting the state of his

general health, he informed me, that he had been an invalid for many years; suffering from headache, and from pains in the loins and back; his digestive functions were also impaired, even a small quantity of food producing flatulence and acid eructation. The bowels, which, to his recollection, were never relieved daily, had latterly been much confined, he frequently going five or six days without any motion, while at other times he had profuse diarrhoea: "after which," said he, "I always feel lighter and more comfortable." He passed a great deal of blood in his motions, and had almost constantly a prolapsus of the rectum. After having sounded the bladder, and ascertained the existence of calculus, I requested, before performing any operation, that he would permit me to examine the rectum; stating, that if stricture existed, the irritation in the bowel might in a great degree endanger the success of the operation for stone. The examination took place on the following day, when I discovered a stricture at five inches, and a second at the sigmoid flexure. Through the last obstruction I could with difficulty introduce the smallest sized bougie; I recommended the usual treatment, and advised him on no account to have any operation for the stone performed till the strictures were in some degree removed, which he promised to attend to.

He was compelled at this period to leave town for four or five weeks, during which time he stated that he would arrange his business, and at its expiration return to London for my advice.

May 3.—I received a letter from him, stating, that the journey home (above a hundred miles) had brought on a distressing attack of irritation of the bladder, accompanied *with profuse diarrhoea and hæmorrhage from the rectum*, and that his physician had advised the immediate performance of the operation for the stone, as the only means of saving his life. I wrote in answer, advising him on no account to have any thing done to the bladder till the part was more tranquil, but to persevere in the use of the *enema*, and the warm bath, with occasional doses of castor oil.

July 6, 1824.—I learned by accident, that notwithstanding my caution, this gentleman had come up to town, immediately upon the subsidence of the attack of irritation, concerning which he wrote to me; that *two days after his arrival*, a surgeon of very high respectability and eminence operated upon him for the stone, but that *he died from hæmorrhage twenty-six hours after the performance of the operation.*

#### REMARKS.

I consider the fatal result of this case to have

arisen in a great measure from inattention to my suggestion. Had the obstruction in the rectum been first relieved, the disposition of the small vessels to haemorrhage, and the irritability about the neck of the bladder, would probably have subsided.

### CASE IX.

Master ——, age 8½.] Feb. 19, 1820.—I had attended this youth two years prior to his present application to me, for calculus lodged in the membranous part of the urethra, which I was compelled to remove by the knife. He had had no return of the complaint till within the last four months, when a difficulty and frequency of making water, accompanied with pain in the region of the bladder, increasing after every attempt to empty the organ, returned; his general health was disturbed, the bowels in particular, were much confined, and, at each attempt to relieve them, he passed a considerable portion of blood and slimy mucus; he had almost constantly a prolapsus of the rectum. I advised an *enema*, night and morning, the hip bath daily, and castor oil every other morning; with milk diet.

Feb. 28.—He had followed my advice regularly, and was in many points improved, having less

local irritation and pain, an increase of appetite, and a return of somewhat more healthy evacuations; but he suffered much from the prolapsed state of the gut, more particularly when he made water, or relieved his bowels. To continue the same measures.

March 6.—He was better in every respect; his mother had reduced the prolapsus, which remained up, excepting when he went to motion. I this day examined the rectum, but could not introduce the smallest sized bougie beyond three inches, and the attempt caused great pain. I advised an *enema* every night, containing twenty drops of laudanum; and castor oil every other morning.

March 12.—He had been more comfortable, especially as \*respected the bladder. I this day succeeded in introducing the smallest sized rectum bougie; he did not complain so much of its introduction; there was not any obstruction beyond that at three inches. He retained the instrument five minutes. To continue the same plans.

March 16.—He was in all respects better. The principal thing he suffered from was the prolapsus of the bowel after every motion. I introduced the same bougie.

March 20.—He was decidedly better; he suffered but little from the irritability of the bladder, yet the prolapsus continued; but he had less ha-

morrhage. His mother said that she could not bear to put him to pain, and, as the symptoms of his case were so much better, she wished the introduction of the bougie to be discontinued. I was, therefore, much against my inclination, compelled to act consistently with her wishes, and took my leave, urging her to attend to the child's bowels, to persevere in the use of the *enema*, and cautiously to avoid the administration of violent purgative medicines.

March 16, 1824.—This boy was sent to me by his mother, to show me the condition of his general health; all symptoms of irritation in the urinary organs had subsided soon after I left him, nor had they since returned; but the bowels continued irregular, and he frequently had attacks of haemorrhage and of prolapsus of the bowel; at which times the use of the *enema* materially assisted him.

## CASE X.

Mr. ——, age 52.] October 4, 1825.—His general health was much impaired; he suffered from head-ach and indigestion. He had latterly been annoyed by frequent desire to pass his motions; sometimes three and four times in an hour; yet, upon going to the water-closet, he passed scarcely any relief, and that little in a fluid state, attended

with a burning kind of pain, and with cramp in the bowel. When his motions passed in a solid state, which had been rarely the case for years, they were small, and flattened like ribbon; at other times, nothing but slime would pass from his bowels for some days: he had incessant itching about the orifice of the bowel, where grew several warts.

In this case, judging from the aggregate symptoms, I suspected stricture in the rectum, which, upon examination, (Oct. 6) I found to exist at four inches, and at the sigmoid flexure of the colon, to such an extent, that I could with difficulty introduce the smallest sized bougie. I advised my usual plans.

Oct. 11.—He had suffered much from pain in the head, and the irritable state of his bowels. Independently of which he had been attacked with retention of urine; so common an occurrence was this with him, that he scarcely ever passed two weeks together, without such affection taking place. He had three strictures in the urethra. The *enema* had returned without any relief from the bowel. I introduced the same bougie more easily.

Oct. 15.—He had retained the instrument twenty minutes; his head had been better, and the bowels less irritable; he had suffered twice from retention of urine. The motions were quite white in colour. I snipped off several warts about the orifice, and

passed a bougie one size larger: it did not cause so much pain in passing through the sigmoid flexure.

Oct. 19.—He had retained it ten minutes; his head had been better these two days past; the bowels were become more comfortable. The *enema* generally brought away a considerable discharge. I passed the same bougie, and one a size larger.

Oct. 26.—He was in all respects improved; had passed a good deal of brown mucus in his motions, attended with griping pains in the bowels; had had no difficulty in making water. I passed the same bougie; the spasm at the sigmoid flexure was very great.

Nov. 3.—He had fluctuated, some days suffering a good deal, others scarcely at all; had been compelled to use a urethra bougie two days successively; the bowels were again purged. I advised him to use an *enema* with castor oil every night.

Nov. 8.—His head had not pained him much; the bowels were better, but he had every now and then a sudden desire to go to stool, when he generally voided a considerable portion of brown mucus. I passed the same bougie, afterwards the next largest size.

Nov. 12.—He had retained the bougie half an

hour : the head had been troublesome ; his bowels had been confined for the last two days ; he had used the *enema* daily, but it had not brought away relief. I used the same bougie.

From Nov. 12, to Dec. 21.—Nothing material for the better or for the worse occurred. I continued to introduce the bougie at intervals of three, four, or five days apart ; occasionally I could succeed in passing it ; while, at other times, I could not get the instrument into the colon, on account of the extreme irritability of the upper ~~contraction~~ contraction ; he every now and then suffered from pain in the head ; but neither this, nor the attacks of retention of urine, were so frequent as they used to be. I this day passed number seven, but experienced the usual difficulty in passing the upper stricture ; he retained the bougie three quarters of an hour. The same plans were pursued till

Feb. 26.—When I was able to introduce number eight. The general health of my patient was now improved ; his bowels were more regular and healthy in their action, yet he suffered occasionally from retention of urine, and from great irritability of the rectum ; in short, though the use of the bougie was followed up with the greatest attention, these annoyances continued at times to trouble him ; I now took my leave and requested him to act for himself.

Nov. 19, 1828.—From the period this gentleman took his leave of me to the present date, his health had continued much the same; he occasionally suffered from retention of urine, and his bowels were very capricious. He never passed a figured motion, but more commonly suffered from diarrhoea. Being unable to introduce the rectum bougie for himself, he called upon me every six weeks or two months for that purpose; I was never, however, able to pass a size larger than number seven without causing him much uneasiness at the upper contraction. He had taken his leave of me from his customary attendance rather better than three weeks, when I received a letter from him, stating that for two or three days past he had suffered from pain in his bowels, which were much purged, and from sickness at the stomach, in which part he experienced pain after taking nourishment. I visited him in the evening, and found him labouring under pain in the region of the stomach and across the upper part of the abdomen; he had not any great degree of fever; nor was his pulse excited, on the contrary, it was rather depressed. He had a perpetual inclination to be sick, yet he threw up nothing. His bowels were exceedingly irritable, he having had upwards of thirty evacuations during the day, attended with severe pain in the rectum, more especially at the sphincter. He made water

with perfect ease. Treatment. *Venæ sectio ad uncias sex-decem.*

## Recipe,

Hydrargyri subinuriatis gr:iv.

Pulveris Opii gr: ii.

Cons. Ros. q. s. Misce. Fiat  
pilula statim sunnenda  
cum haustū sequenti.

## Recipe,

Magnesiæ sulphatis 3*iii.*Infusi Sennæ 3*i.*Tincturae Sennæ 3*iii.*Aquaæ Menthae Piper: 5*iij.*  
Misce. Fiat haustus.

Having abstracted the quantity of blood I had intended, I removed the bandage from the arm; but the blood continued to flow (although I occasionally maintained a pressure upon the orifice in the vein for many minutes together), till upwards of thirty ounces were drawn; my patient then becoming faint, the bleeding ceased.

Nov. 20.—He appeared somewhat relieved; had less inclination to sickness and pain; his bowels were also more tranquil, though he suffered great pain in the rectum whenever he voided any evacuation. His pulse was accelerated, being about ninety, and he complained of thirst.

Recipe, Magnesiæ Sulphatis 3*iv.*

\* Potassæ Carbonatis 3*iiiss.*

Syrupi Simplicis 3*vij.*

Aquaæ Puræ 3*viii.*

Misce. Fiat mistura, cuius sumantur cochlearia tria magna, cum cochleariæ uno ampio succi limonum, inter effervescentiam, quartis horis. Applicetur emplastrum lyttæ regioni epigastricæ.

Nov. 21.—He was much as yesterday. He suffered trifling pain in the region of the stomach, and the inclination to sickness continued. His bowels had been acted upon six or eight times in the last twenty-four hours. The blister had not risen. *Continuatur mistura octâ quaque horâ.*

Nov. 22.—He appeared to be somewhat better; the sickness had nearly left him; but he suffered pain in the stomach after taking the least quantity of nourishment. His fever was lessened. *Continuatur mistura aperiens, omni mane.*

Recipe, Aquæ Ammoniæ Acetatis  $\frac{3}{4}$ ij.

Tineturæ Opii gut : xxx.

Aquæ Pimentæ  $\frac{3}{4}$ i. Misce. Fiat haustus  
horâ somni sumendus.

Nov. 23.—He had passed a comfortable night; had less fever, and appeared upon the whole somewhat improved. *Continuantur medicamina ut q̄ntea.*

Nov. 24.—He complained of an increase of pain after taking the least nourishment, and of headache. The pulse was likewise accelerated. The bowels had continued to act twice or thrice daily. *Applicantur temporibus Hirudines viginta. Continuatur mistura.*

Nov. 25.—The pain in the head had not lessened. Pulse ninety-six, small and easy of compression.

Several times during the night hæmorrhage had come on from the nose. *Repetantur Hirudines.*

Recipe, Liquoris Ammoniæ Acetatis ʒvij.

Spiritus Rorismarinæ ʒii.

Misturæ Camphoræ ʒvj.

Misce. Fiat lotio capiti constanter applicanda.

Nov. 26.—His bowels had acted twice comfortably; but he had passed some trifling quantity of blood by the rectum, both with his motions and *spontaneously*; the bleeding also occasionally occurred, though in a very trifling quantity, from the stomach after taking nourishment.

At this juncture I requested the advice of Dr. Armstrong, who agreed with me in opinion that his recovery was dubious; nevertheless, as no very urgent symptoms presented, he thought with me, that there was a well grounded hope our patient might yet do well. He was too much debilitated to loose blood by venesection, yet, to relieve the head, half-a-dozen more leeches were ordered to each temple, and a continuance of the cold lotion; another blister was also applied to the epigastric region. We deemed it expedient to discontinue the saline aperients for a day or two, and advised a diet of ass's milk.

Nov. 27.—He appeared rather better; had

only had a trifling bleeding from the nose once, and twice from the rectum.

Nov. 28.—He again appeared better; had had no bleeding from the nose; but each time that he took any nourishment, it almost immediately brought on a trifling haemorrhage from the stomach. The blister had not drawn. Pulse eighty-eight, small and easy of compression. As the bowels had not acted for the last twenty-four hours, the saline aperients were renewed every six hours; an anodyne was also given at night.

Nov. 28.—He was much the same; had had seven hours of sound sleep; his bowels had acted twice or thrice: in each motion there was some small clots of blood. The bleeding from the nose had not returned. He said he felt very weak, and complained of severe pain in the heels and in the soles of his feet. Upon my examining these parts, I could discover no unnatural appearance.  
*Omittatur mistura aperiens, haustus sedativus horâ somni sumendus.*

Nov. 29.—He stated he felt himself in every respect better: had had no bleeding from the bowels, which had acted twice: he felt no pain in his head, nor had he brought up any blood after taking his nourishment. *Omittatur lotio capiti. Repetatur haustus sedativus horâ somni.*

Nov. 30.—Had had some trifling return of the

haemorrhage after taking nourishment; also complained of soreness across the upper part of the abdomen. His pulse was small and quick, and he felt greatly debilitated. He again requested me to examine his feet, in the soles of which he said he felt great pain; I could not discover any vestige of swelling or of inflammation in these parts.

Dec. 1.—He complained of a trifling pain across the epigastric region, and of great soreness in the stomach as soon as he swallowed any food; but he did not bring up any blood, nor did he pass any in his stools; the bowels had acted each day comfortably. He was very weak, yet, upon the whole, he was, if altered at all, apparently so for the better.

Dec. 2.—I did not see him.

Dec. 3, 12 o'clock.—I received a message, requesting I would come immediately. Upon my arrival in less than two hours after, I found him scarcely sensible; the pulse was rapid, small, and intermittent; his extremities were cold; in fact, he was fast approaching to dissolution. He expired two hours after. Upon inquiry I found that he had passed the previous day comfortably; that there had been no return of the haemorrhage, either from the stomach or by the rectum; nor had he complained of any kind of pain, save in the soles of his feet and in his heels. He sat up in bed for

an hour or better on the evening of yesterday. About eleven at night he had fallen asleep, and had rested quietly till half-past seven in the morning, when he awoke and inquired of his attendants where I was, desiring that I might be sent for directly, for that he felt that he was dying.

*Sectio cadaveris.*

6 A. M. Dec. 5.—Upon dividing the parietes of the abdomen, the depth of fat was found to extend to full three inches. There was no appearance of inflammation in the peritoneum, the small intestines, or the colon; nor was the latter bowel very materially distended at any part, save just above the sigmoid flexure; here there was great distension, also a good deal of redness of the mucous membrane. The rectum was materially thickened through its whole extent, but more particularly in the situation of the two obstructions, immediately above each of which the bowel was much dilated. The mucous coat of the intestine, although it bore the most vivid marks of inflammation, was otherwise perfectly sound. In the urethra there were three obstructions, through the last of which, at the bulb, even the point of a probe could not be introduced. The prostate was not much enlarged. My attention was next directed to the stomach, which was remarkable both for its extraordinary size

and for the thickness of its parietes. The whole extent of the internal coat was highly inflamed, having in various parts trivial patches of ulceration, and a very considerable portion of the left extremity was in a state of gangrene. All the other viscera of the abdomen, as well as those of the chest, were perfectly sound and healthy.

#### REMARKS.

This case is, perhaps, one of the most valuable ones in this Treatise.

First, it clearly elucidates the co-existence of stricture in the urethra, with stricture in the rectum.

Secondly, it confirms the suggestions I have offered, both as they regard the situation of stricture, and the morbid condition of the mucous surface of the rectum. Although the death of this patient may reasonably be attributed to the disease of the stomach, I cannot but suppose that this was originally induced by the contracted condition of the rectum. I am led to this belief from a knowledge that the patient suffered for many years prior to the appearance of any derangement of the stomach, from the disordered condition of his bowels, which was supposed to be dependent upon a diseased state of the liver, yet this organ appeared upon dissection to be perfectly sound. It likewise well illustrates how very possible, nay, I may

add, how very probable it is, that disease in the rectum may exist to a most extensive degree, nevertheless be totally overlooked. I am quite satisfied that if I had not known somewhat of the condition of this patient prior to the 19th of November, (the day on which he wrote to me requesting my attendance) that I should never have even discovered the disease in the rectum; the treatment would naturally have been directed to the stomachic affection, and the examination after death would have confirmed my belief as to the correctness of the course which I should most probably have adopted.\* Since the fatal termination of this case, I have had an opportunity of examining the bodies of two other patients whom I had attended with stricture in the rectum; both of which patients died from ulcers in the stomach: yet, in neither of those cases, save in the disposition to sickness after eating, did the stomach appear to be materially disturbed. In both of them, as well as the one now immediately narrated, the patients complained of pain in the heels and in the soles of the feet for a day or two previous to dissolution.

\* The morbid parts of this interesting case (which many of the profession will recollect I exhibited at the Medical Society of London in December 1828) are lost among those which I have alluded to in the preface to the present edition of this Essay.

## CASE XI.

*A case of mechanical Impediment to the Passage of the Fæces, with Disease in the Bladder and Kidneys, produced from a Tumour in the Pelvis filled with Hydatids.*

Mr. ——.] Jan. 19, 1826.—Had been an invalid a considerable period, suffering from fever, accompanied with pain in the loins, and over the whole surface of the abdomen, especially in the region of the bladder; he also experienced pain in the perineum, extending along the course of the urethra; his pulse was full, hard, and frequent; he made but little water; within the last six weeks his abdomen had swelled a good deal, likewise his legs; the swelling increasing towards night; his bowels were irregular, the motions scanty, and deficient of the secretion of bile. Upon examining the abdomen, fluctuation was perceptible, and the slightest pressure at any point caused acute pain, particularly in the region of the bladder. Treatment. *Detrahatur sanguis e brachio ad uncias sex-decem.*

Recipe, Hydrargyri Submuriatis gr: iv.

Pulveris Antimonialis gr: ii.

Pulveris Rhæi gr: viii.

Olei Juniperi guttas iv.

Misce, Fiant Pilulae tres. Horâ somni sumendæ.

Jan. 20.—He was exceedingly unwell. I could not obtain any account of the treatment which had been pursued for some months past; and having ascertained that he had sent for me unknown to his usual medical friend, I refused to attend him unless I was met by that gentleman. We accordingly met on the 21st.

Jan. 21.—I found that this patient had been ill for many months, during which period, he had been attended by one or two physicians, the symptoms of his complaint having been much the same as at present, with the exception of the swelling of the abdomen and legs. His general habits had been irregular. Treatment.  
*Detrahatur sanguis e brachio ad uncias sex-decem.*

Recipe, Gummi Seammoniae.

— Gambogiæ.

Pilulæ Hydrargyri a gr : v.

Olei Juniperi guttas iii.

Misce. Fiant Pilulæ iii. Omni alternâ nocte sumendæ.

Jan. 23.—He was much the same, complained of a dull heavy pain in the loins, and of frequent inclination to make water. Pulse eighty-eight.

Recipe,

Tineturæ Rhei ʒi.

Sodæ Carbonatis gr : viij.

Misturæ Camphoræ ʒi.

Spiritus Ætheris Nitrici ʒss.

Misce. Fiat haustus ter in die  
sumendus.

Recipe,

Pulveris Ipecacuanhæ gr : ii.

Extracti Taraxaci gr : vj.

Misce. Fiant Pilulæ duæ. Cum  
haustu sumendæ.

## Milk diet.

Jan. 25.—He was not so well : the pain in the abdomen had increased. *Venæ sectio ad uncias duo-decem. Continuantur medicamina omnia.*

Jan. 28.—He was somewhat better ; the abdomen was not much enlarged ; he was exceedingly thirsty, and every morning as soon as he rose, vomited a considerable quantity of watery fluid. *Continuatur haustus ter in die, cum pilulis sequentibus.*

Recipe, Extracti Taraxaci gr: vij.

Pulveris Scillæ gr: i.

Olei Juniperi guttas ii.

Misce. Fiant Pilulae duæ.

*Haustus aperiens horâ somni pro re natâ.*

Feb. 1.—He was decidedly improved ; had less local pains and passed more water ; pulse eighty-six. *Recipe, Pilulae hydrargyri gr: v. fiat pilula omni nocte horâ somni sumenda. Continuantur medicamina omnia.*

Feb. 7.—He had progressively improved ; the sickness in the morning being the most annoying symptom he experienced.

Feb. 10.—He was better ; the swelling of the abdomen was lessened ; the mercury had affected his mouth. *Omittantur pilulae mercuriales.*

**Recipe,** Liquoris Ammoniae Acetatis 3*iii.*

Infusionis Sennæ 3*ii.*

Aquaæ Pimentæ 3*i.*

Extracti Taraxaci gr: viij.

**Misce.** Fiat haustus ter in die sumendus.

Feb. 20.—He was going on well; the sickness was lessened, occurring only once in three or four days; but he had frequent inclination to make water; the fluctuation in the abdomen was barely discernible. *Continuantur medicamina omnia.*

Feb. 27.—He was improved in all points; the sickness in the morning had left him, and he felt himself fast regaining his usual health; he made a sufficiency of water, though he voided it at many periods of the day; his pulse was steady and healthy at eighty.

**Recipe,** Infusionis Cascarillæ 3*v.*

Tincturæ Cardamomi Compositi 3*ii.*

**Misce.** Sumantur cochlearia duo magna, bis in die.

March 6.—He had continued to proceed favourably. *Continuantur medicamina omnia.*

March 11.—He was so far convalescent that I took my leave, and left him to the care of his regular medical friend.

April 22.—I was again sent for, and found that within the last ten days he had experienced a relapse; suffering almost constant pain in the re-

gion of the bladder and kidneys, with a perpetual desire to make water. Without any ostensible cause, the right testis had swelled to a very considerable extent about five days since, to which leeches and fomentations had been applied. To continue the same measures.

April 25.—The swelling was somewhat abated. There was no appearance of fluid in the abdomen. *Hirudines decem parti affectæ, lotio aquæ lythargi constanter applicanda, oleum ricini omni alterna mane.*

After a fortnight or three weeks, the swelling and local irritation being diminished, I examined the urethra, but could not find any obstruction; there was, however, extreme tenderness at the neck of the bladder. I also examined the prostate per anum, it was enlarged, and somewhat tender.

Although every attention was paid to the case, our patient grew worse and worse in his general health. The pain in his loins continued, and the frequency of passing his water; he also voided a trifling quantity of pus in his urine; and experienced frequent desire to evacuate the contents of his bowels, the motions from which, though small, were in other points healthy.

On the 15th of June, a consultation was held upon his case with Mr. ——, who advised a per-

severance in the same plans as heretofore, together with an issue in the lumbar region. To the latter, however, the patient would not consent. In the course of a fortnight he again became better : the irritability of the bladder lessened, and the discharge of pus in the urine disappeared. He complained, however, that he could not retain his motions, being compelled to relieve his bowels the instant he felt any disposition ; this had been the case for many months, though, at the present time, he voided scarcely any thing. At this period he went to Margate ; the journey brought on extreme irritation in his urinary organs, which was followed by a material increase of the discharge of pus in his water.

On the 8th of August, he returned to town visibly changed for the worse ; he complained of severe pain in the loins and region of the bladder, and voided at least a pint of matter daily. In fact, he was fast approaching to dissolution.

On the 9th, a consultation was held with Mr. — ; the decision of which was, that there would be a very speedy and unfavourable termination to the case. He died on the 16th.

#### *Post Mortem examination.*

Upon opening the abdomen, the cause of this obscure case became manifest : commencing from

the *vesiculae seminales*, and thence extending upwards, occupying a considerable portion of the *pelvis*, and pointing above the pubes, there was a tumour, having an elastic feel, which adhered firmly to the bladder and rectum, of course creating considerable pressure upon both these parts. The cavity of the rectum was much diminished through the whole of its first and second curvatures. Upon removing the tumour, it was found to be a cyst, containing hydatids. The mucous coat of the bladder was in a state of ulceration, and the kidneys were thoroughly diseased; the ureters were enlarged to a most extraordinary extent, being of a size somewhat greater than a large turkey's quill. The other viscera were in a healthy condition.

## CHAPTER X.

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### *Of Affections of the Uterus and Vagina.*

As the diseases and affections peculiar to the uterus fall more commonly under the observation of those who practice the obstetric branch of the profession, the practical opportunity, and consequent experience (in such cases) of the consultation surgeon are necessarily somewhat limited.

Of the intimate connexion, however, of many affections to which the uterus is liable, with irritation or obstruction in the rectum, I have no kind of doubt. For some years past I have acted upon this principle in practice with the happiest results; and I am also gratified by knowing, that my suggestions, imparted to various medical friends, have been exercised with a corresponding favourable result.

Since the publication of the last edition of this Essay, an instance has occurred, which confirms, in a remarkable manner, not only this position, but likewise the observations, I have ventured to

make upon the imperfect manner in which the rectum is occasionally examined with the view of ascertaining its healthy condition.

It is well known that the uterus has been removed in some instances of disease affecting it. To Dr. Blundell, a gentleman most deservedly esteemed for his ability, judgment, and character, the merit of having first performed the operation is, I believe, due. But it should appear from the statement given to the profession, in the *post mortem* examination of the body of the patient upon whom the operation was performed ; that even that excellent physician, as well as others of the faculty who occasionally visited the patient during the period she survived after its performance, never suspected that the disease of the uterus might be connected with stricture high up in the rectum. This appears evident from the course of treatment which was adopted subsequent to the removal of the uterus ; for though the most unequivocal symptoms of obstruction were present, no further examination of the bowel is stated to have taken place, than of that portion which was within reach of the finger. That part of Dr. Hodgkin's report of the *post mortem* examination which is applicable to this position states, “ The contents “ of the pelvis were next removed, consisting of “ the bladder, vagina, rectum, and the last part of

“ the colon, and the remains of the uterine appendages. Uterus of course there was none. The bladder was divided through the medial line; it appeared to be quite healthy, with the exception of the schirrous tubercles under its peritoneal coat. The vagina, laid open at its anterior part, appeared perfectly healthy, except quite at the upper end, where it was uneven, partially ulcerated, and partially bright red, from increased vascularity, connected with a mass of soft cerebriform matter. It was this mass, of about the size of a walnut, which formed the nodulous projection seen on the inner side of the abdomen. There were some piles at the verge of the anus, above which, for about four inches, the intestine appeared to be healthy; but it suddenly became much more contracted, and in one part scarcely allowed the passage of the enterome; its coats were greatly thickened, the muscular assuming that appearance which has been described as hypertrophy. The mucous membrane was rather reddened, and in some parts was uneven, and was more firmly adherent than is quite natural to the subjacent coat; a few tubercles, consisting of softened cerebriform matter, having the consistency of paper hanger's paste, were situated beneath the mucous membrane at this part. The intestine

" was not only thus altered in texture, but also  
" took an unnaturally tortuous course, near to the  
" part which is continuous with the colon. It ap-  
" peared that this position of the gut contributed  
" scarcely less than its contraction, to produce the  
" constipation under which the patient had la-  
" boured."\*

One of the most frequent and distressing effects of stricture, is an enlarged or tender condition of the uterus. These are most afflicting cases, since we are not able to introduce instruments of any size, the enlargement of the uterus creating a partial obliteration of the cavity of the intestine; hence the bowels are never regular, and the voiding of any relief from them is always attended with more or less difficulty and pain.

As the contraction in the rectum increases, the symptoms of the case become more and more urgent, till at last, in extreme instances, ulceration takes place, and fistulous communications are formed between the vagina and the rectum. These generally happen at the situation of the recto-vaginal septum, where the parts are very thinly separated by intervening cellular tissue. A more lamentable affection than this cannot easily be imagined; happily, however, it is proportionably rare; for though we cannot do much towards the removal of

\* Vide Lancet, No. 290, page 216.

the stricture, by strict attention to the constitutional and local treatment, we are generally enabled to keep it stationary. These fistulæ, however, sometimes occur, where the stricture itself, from which they result, has been overlooked either altogether, or till it has reached a very serious extent. The best surgery is, in these cases, productive of little or no benefit.

Even in the early stages of stricture we generally find the uterus sympathise with the rectum, and indistinct appearances arise, leading us to suspect incipient disease in the former organ, which disease will disappear upon the removal of stricture in the rectum. Not unfrequently, however, is the treatment directed to the uterus, considering it as the primary affected part.

I have had many cases illustrative of this fact; I remember one in particular, the subject of which had for some months been under the care of several experienced practitioners, for what was considered to be "an enlarged and tender state of the cervix uteri." The indications of disease in this part altogether disappeared, on the removal of a simple spasmodic stricture in the rectum. Here the effect of *enemas* was truly surprising; in the course of a fortnight the irritability of the bladder, which was considerable, and the frequent inclination to relieve the bowels, subsided. The patient had still, however, a degree of difficulty in ac-

complishing the latter, resulting from the enlargement of the uterus.

I have known discharges from the vagina to subside upon the relief of stricture of the rectum ; and I believe that many cases of irregularity in the menstrual discharges, originate in an irritable or contracted state of the lower bowel. This position is extremely probable, when we reflect upon the contiguity of the parts. For, from any accumulation in the rectum, pressure is made upon the uterus, which is increased at every attempt to relieve the bowels, irritating the former organ and disturbing its functions. Furthermore, in those instances in which stricture has existed in the lower bowel for a protracted period, adhesions form between the posterior surface of the uterus and the rectum ; which adhesions not only displace the womb, but, by preventing its natural ascent out of the pelvis during the period of pregnancy, may give rise to the more formidable evil of miscarriage. An intelligent surgeon, with a frankness peculiar to his character, in allusion to this subject, thus addressed me :

“ Dear Sir,—During my attendance with you  
“ in the case of the late Mr. ——, twelve months  
“ since, I was led, by your remarks at various times,  
“ to the effects of accumulation of fæces in the

“ rectum, and sigmoid flexure of the colon. Since  
“ that time I have had several well marked cases,  
“ where, from inattention to the expulsion of such  
“ accumulation, the symptoms have assumed a most  
“ equivocal character, either in reference to the  
“ production of derangement of the urinary or-  
“ gans, or the actions of the uterus.

“ If drastic purgatives will in some instances  
“ produce dysuria, in others an effect upon the  
“ uterus, causing abortion, may we not conclude  
“ that such effect has arisen from the contiguity of  
“ those parts with a morbid, and, perhaps, con-  
“ tracted state of the rectum ?

“ Again: who that has experienced an irritable  
“ state of the hæmorrhoidal vessels, producing a  
“ painful repetition of trifling faecal evacuations,  
“ has not had at the same time, or immediately  
“ after such, an urgent desire to void urine, even  
“ though immediately previous the bladder had  
“ been relieved of its contents ? What a more per-  
“ manent effect, then, may not accumulated faeces  
“ have upon the bladder in the male, and the ute-  
“ rus in the female ? All this is trifling enough, it  
“ may be said, and well known to the profession,  
“ but I would ask, are many cases of a more se-  
“ rious description, which may be traced to the  
“ cause before alluded to, understood ? I say not.  
“ Allow me to give you one in point, which oc-

“ curred very recently in the course of my practice. A lady, who had been for years in the constant habit of daily taking opening medicine when at home, lately travelled on the Continent with the determination of seeing a great deal in a short time, taking extremely long journeys without a consistent degree of rest. Being pregnant, and at an early period of gestation, she miscarried (most opportunely) on her arrival in London. She confessed to me that for many successive days she had not passed the smallest evacuation. This, I have not the slightest doubt, produced an effect upon the uterus rather unusual at that period of gestation, viz. the second month. Its consequences were very serious, and caused a protracted recovery, considering that early miscarriages are seldom considered of particular moment.

“ My object in addressing you, is to urge you to make a statement of your more extended ideas on this subject, and others connected with it, that, by a fuller elucidation, I may feel still more under obligation to you, than for your occasional remarks when I had the pleasure of meeting you.

“ I am, my dear Sir, yours truly,  
“ G. F. FINCHAM.

“ Spring Gardens, Sept. 1827.”

The following cases are applicable to the foregoing observations.

### CASE XII.

Mrs. ——, age 35.] Oct. 1824.—Complained of violent bearing down pains, and of pains in the groins, extending into the region of the bladder, the lower part of the back and down the thighs. For many years past she had suffered from *dysmenorrhœa*; occasionally voiding, during the period of the menses, a solid fibrous-like substance, which was followed by an offensive discharge from the vagina, which lasted for several days; the latter symptom she commonly experienced to some trifling extent; she also at times had great difficulty in making water. Upon inquiring into the state of her bowels, I found they were irregular, being scantily relieved, at intervals of several days apart, with difficulty and pain; latterly she had been annoyed by itching and heat around the orifice of the rectum. Her general health was disordered; she suffered from flatulence, a sense of distension, and pain in the stomach after eating; also from pain in the head, especially at the back part. I recommended the immediate examination of the rectum, to which my patient readily assented. Having followed my usual plans for one week, on the 23d of October I examined the bowel.

Upon attempting to introduce my finger I encountered a solid obstruction, which I cannot better describe than as a ridge extended across the orifice at its upper and inner portion; this not only prevented the natural dilatation of the part, but formed a permanent obstacle to the passing of the contents of the bowel; the part was exceedingly irritable, and the introduction even of my finger produced considerable uneasiness. The sphincter was remarkably broad, and extended to the depth of a full inch. By examining per vaginam, I ascertained that the uterus was enlarged, and tender to the touch; it also appeared lower in the vagina than is common. Judging from the symptoms of the case, the protracted period of my patient's annoyances, and the examination, I was apprehensive of incipient disease in the uterus; being, however, certain that while the orifice of the rectum was in its present state, no permanent improvement could take place: and having, by the introduction of a small sized rectum bougie, ascertained the existence of stricture at the sigmoid flexure of the colon, I recommended the division of the sphincter, so as to allow of the introduction of instruments of sufficient size to remove the contraction above; giving it as my opinion, that the irritability of the urinary organs, the discharge per vaginam, and the condition of the general

health, were the result of the obstruction in the rectum. She unhesitatingly consented to follow any treatment considered advisable.

Having adopted my usual plans for ten days or a fortnight, introducing the same bougie every third or fourth day, I removed a triangular portion of the sphincter and inserted a plug of sufficient size to distend the part, and thus to prevent its re-uniting by adhesive inflammation. The plug was removed twice every day, and the bowel kept free from collections by the use of an *enema*, till the wound was healed, which it was in the space of three weeks, when I began the introduction of Mr. White's bougies.

It is somewhat singular, that a day or two after the performance of the operation, all discharge ceased, and the bowels were daily relieved without medicine. In the course of three weeks, however, the discharge returned in an increased quantity; she likewise experienced some difficulty in making water. I persisted in my usual plans, introducing the bougie every fourth or fifth day for two months. The use of the instrument gave her no kind of uneasiness, excepting at the very summit of the gut. Her health improved, nor did she suffer so much either from the discharge, or from pain during the period of the *menses*. By slow degrees, I increased the size of the bougie, till I was able to pass the

but five, when the discharge had ceased: her bowels also acted more regularly, and her general health was proportionably improved. I saw this patient every now and then during the following eight months, and introduced the same sized bougie; beyond which I could not advance, on account of the enlargement and displacement of the uterus.

July, 1829.—I have frequently seen this lady. Her general health is far better than it was prior to my attendance, she never has any discharge from the vagina; nor has she experienced the singular appearance during the period of *menses* more than half a dozen times. Her bowels, however, continue troublesome; she persists in the use of the *enema*, but has never attempted to pass the instrument.

### CASE XIII.

The subject of this case had been for several years a patient at the institution with which I am connected. For a long period previous to the discovery of the obstruction in the rectum, she had been in very bad health; sometimes suffering from one complaint, and sometimes from another. At one period she was considered to labour under

some disease of the heart, and was prescribed for under such supposition for many months, by a most respectable and well-informed physician. At another time she suffered from all the symptoms of gall-stones and disease of the liver. Then again she would be seized with retention, or incontinence of urine, which afflictions, in conjunction with the symptoms which accompanied those attacks, gave rise for her examination for stone in the bladder. I have known her to have eight attacks of epilepsy in the course of twelve months. But by far the most frequent effect which resulted from the stricture was obstruction, or inflammation of the bowels. It was an attack of the latter description which led by accident to the discovery of the cause of her long, various, and dissimilar sufferings. As she informed me, “while relieving her bowels after they “had been constipated for more than a week, some-“thing appeared to lodge in the orifice, which she “thought was a worm; this induced her to attempt “to remove it, when she found that she was unable “to pass even her fore finger into the gut.” She communicated this to the medical gentleman who then attended her, which afterwards led him to examine the rectum; when a stricture was discovered at two inches up, which admitted of the introduction of a very small bougie only. She was occasionally attended by various practitioners for a

long time ; when, finding but little benefit, and being unable any longer to sustain the heavy expense of medical advice, she applied to the Dispensary. She was resigned over to my care immediately upon my election to that charity in 1827 ; and I continued to attend her till the time of her decease, which took place on the 12th of April, 1829.

Upon my first examination of the rectum, I found a good deal of constriction of the orifice, which was in other respects free from any description of disease. About three inches up there was a circular stricture, through which I could not pass the point of my little finger ; upon attempting to dilate the part, she did not complain of any material degree of pain. I subsequently introduced a number two rectum bougie the whole extent of the bowel, with tolerable facility, and she retained it for ten minutes, or rather better, without much uneasiness.

To my inquiry as to the state of the functions of the uterus and bladder, she replied, that she was “ perfectly regular, though she suffered “ much more pain than formerly at certain periods, “ but that she often had a yellow-coloured dis- “ charge for a day or two from the front passage,” and that her water “ troubled her sadly.” She also added, “ that her bowels never acted unless “ she took oil, or used a clyster.” I advised her to pursue the plans she had been adopting ; cau-

tiously to avoid any powerful doses of aperient medicine; and further, I determined to adopt measures to attempt to dilate the contraction.

For many months she occasionally attended at the Institution, sometimes suffering a good deal from the dissimilar effects of the disease; at others, remaining for a month or six weeks without any kind of annoyance, save the confinement of her bowels, and extreme difficulty in passing her motions. After some time, I was able to pass a number six bougie, when, finding I could not proceed beyond this size, I recommended the division of the stricture. She would not, however, consent to the operation; being, as she said, "content to remain "in her present condition."

As she resided many miles from the Dispensary, her attendance upon me was not so regular as it ought to have been. I sometimes saw her once a fortnight, sometimes once a month, and sometimes not for six weeks or two months. I always urged the operation, but she was afraid to undergo it; added to which, she said, "She could not come "to live near the charity, as her husband's employ- "ment compelled him to reside where he did."

For eight or ten months prior to her decease, her health materially altered for the worse. She had more frequent attacks of retention of urine, and of inflammation of the

bowels; of palpitation of the heart, and giddiness in the head. Once or twice it was expected she would have died under attacks of epilepsy: and, furthermore, the uterus began to evince marks of disease. Necessity at last compelled her to remove into the city for the purpose of undergoing the operation I had so long urged. This she did in the latter part of January, and on the 20th of March I divided the constriction towards the sacrum, so as to permit of my passing a number seven bougie. No bleeding of any consequence occurred; and I introduced a plug through the divided parts, which she retained with little annoyance for twelve hours. On the day immediately following the operation, her bowels acted with more comfort, and with greater ease than she ever remembered; and as an evidence of the little pain she suffered, I may add, that she removed and replaced the plug for herself, without the least difficulty. For some days she appeared to be greatly benefited; little more than three weeks, however, had elapsed, before I received a message to attend her immediately. Upon my visiting her, I was satisfied that her dissolution would speedily take place. She complained of the most acute pain in the belly, of sickness, faintness, and of a frequent inclination to relieve her bowels. Her extremities were cold, and of a livid colour;

in short, it was apparent that she was dying. From the symptoms, I concluded that she had ruptured the intestine above the contracted part, more particularly, because I learned that the pain seized her suddenly, as she was straining to pass a motion. She died in the early part of the following night, and the next day, in the presence of Mr. Pereira, and Mr. Thomas Hays, I examined her body.

*Sectio cadaveris.*

Upon opening the abdomen, there was no extravasation, or any evidence of a rupture of the intestine, or of recent inflammation. Extensive adhesions, evidently of long duration, united the lower portion of the colon (which was not much distended) to the side of the abdomen. The *appendices epiploicae*, particularly on the lower part of the bowel, were greatly enlarged and changed in structure, being converted into a kind of pulpy mass, of a yellowish cast; and a large quantity of the like description of substance was deposited beneath the layers of that portion of the peritoneum which was reflected over the uterus and the bladder. Having removed the rectum along with the uterus, to which it was firmly consolidated by extensive depositions, the former organ was carefully examined. The mucous coat was sound, save in that part which was immedi-

ately above the stricture; at this point there was extensive ulceration. A good deal of thickening had taken place in the edges of the wound made by the operation, which extended through the deposition into the muscular coat of the bowel. The whole of the intestine was morbidly thickened, especially near to the stricture, at which situation, and for three or four inches up, the bowel had the appearance, as well as the feel, of gristle. The mucous follicles were likewise much enlarged. The structure of the uterus was much firmer than is natural, nevertheless, it could not be considered as diseased.

Search was now made for the immediate cause of death. While separating the colon from its adhesions, we perceived that pressure upon the transverse arch caused an oozing of fluid into the cavity of the abdomen, which led us to expect ulceration of some part of that intestine. Examination however discovered an aperture in the stomach, of about the size of a horse bean, near to the pyloric orifice. Upon opening this organ, the villous coat was highly inflamed, more especially in the vicinity of a rupture which had taken place in the centre of an extensive ulcer. All the other viscera, were healthy.

I was not a little surprised at the result of this examination. During the protracted period I had attended this patient, there was no or-

gan of the body which appeared to perform its functions in a more perfect manner than the stomach. The rectum and uterus of this patient are in my possession, but the stomach is among the “lost preparations” alluded to in the preface.

#### CASE XIV.

Mrs. ——, age 39.] Oct. 1826.—Had been married eight years, and had suffered severely from three miscarriages, never having had a living child; was commonly subject to confined bowels; so much so, that she would pass five, and sometimes seven days together, without any evacuation. She had a frequent desire to make water, attended with heat and pain, and commonly suffered from piles. Being again in the family way, and approaching the period at which she had usually miscarried, namely, the fourth month, she was apprehensive of the like occurrence, more particularly, because she felt occasional bearing down pains, and had a trifling discharge of blood from the vagina. Her principal object in consulting me, was to know whether I would advise her losing blood. I simply recommended the use of an *enema* of thin<sup>\*</sup> water gruel every night, with small doses of castor oil every morning, in

case the *enema* should not satisfactorily relieve her bowels. In the course of one fortnight all untoward symptoms disappeared; she persisted in the use of the *enema*, which rendered it unnecessary to take castor oil more frequently than once or twice a week. In the latter part of March, 1827, she was delivered of a living child.

Oct. 1827.—She informed me, that she had experienced so much comfort from the use of the *enema*, that she continued to use it occasionally; that her general health was in a far better state than formerly, and that she now never suffers from piles.

#### CASE XV.

Mrs. ——, age 38.] April 21, 1827.—The first symptom, which she remembered, of her present affliction occurred six years since. From the earliest period of her recollection she had been subject to irregular bowels, which she usually alleviated by taking strong purgatives. About four years ago, when straining to relieve herself, a great deal of blood came away; at the time she thought she felt something give way, and for months after she had a discharge from the rectum. For the last three years; she had experienced severe pain in voiding her motions, which were

passed after repeated attempts and violent straining. She had almost constantly a pain in her back and thighs, with cramp in her legs, especially at night. The *menses* were regular, but scanty, and immediately before and during the time of them, she suffered much from bearing down pains; had sometimes a difficulty, though more commonly, a frequency, of making water; the latter annoyances she had noticed to be greater or less, as her bowels were regular or otherwise. For the last twelve months she had had an offensive discharge from the vagina, since the appearance of which, much of the pain she used to experience had subsided, excepting at the time of voiding the contents of her bowels. She said, to use her own words, “ My life is a burthen to “ myself and my friends.” She was the mother of two children, and had had several miscarriages.

At her request I examined the rectum; upon introducing my finger, I felt the whole of the lower part of the intestine indurated, particularly at its upper and back part, where I discovered a solid substance of very unequal surface; the instant I pressed this she complained of intense pain, extending up the back to her head; when I withdrew my finger, it was covered with an offensive discharge. The cavity of the rectum was

lessened, and the uterus considerably enlarged, and extremely tender to the touch, the cervix being in a state of ulceration. She had been taking calomel and cicuta, under the direction of her medical friends, who considered her case a cancerous affection of the uterus. The rectum had never before been even examined. I advised an *enema* of warm gruel, with twenty drops of laudanum every night and morning, the daily use of castor oil, and the hip bath, with occasional loss of blood by cupping, from the region of the loins.

#### REMARKS.

The connexion, in this instance, of the disease in the rectum with that in the uterus is obvious; it is not possible to decide which was the primarily affected part, though, from the symptoms the patient narrated to me, I should be induced to believe the original disease was in the rectum. I have never attempted the introduction of any kind of bougie.

#### CASE XVI.

Mrs. ——, age 33.] Dec, 30, 1820.—Had been an invalid for years, frequently suffering from pain in the lower part of the back and in the

loins, and from head-ach. Her bowels were irregular, sometimes purged, at other times much confined; she had repeated inclination, yet no ability to void her motions, which passed flat, like tape, or like corkscrews. She had latterly been subject to indigestion, attended with pain in the pit of the stomach after eating the smallest meal. She had had several miscarriages at three and four months, and two full grown still-born children, and was now in her sixth month of pregnancy; she was commonly subject to *fluor albus*.

Her present indisposition commenced with acute inflammation in the bowels, for which she had been taking powerful opening medicine every four hours for three days past, without the slightest benefit, though she had several times gone to the water-closet, expecting to pass a satisfactory motion. "This," she added, "annoys me more than all my afflictions; the pain in the lower bowel, particularly at the fundament, almost drives me out of my senses." I advised an *enema* of thin gruel, containing thirty drops of laudanum every eight hours; the hip bath, and a table spoonful of castor oil every four hours.

Jan. 1, 1821.—She was better; after using four *enemas*, considerable evacuations came away, accompanied with much slimy matter and blood.

She had omitted to mention that, till her bowels were fully relieved,\* she could not make water; but that, as soon as the *enema* fully operated, she made full three pints; it gave her great pain in passing; which symptom, she had remarked, often came on before her miscarriages. To continue the *enema* night and morning, and the oil every night.

In a few days she became tolerably well, when I stated to her my belief that her complaints arose from obstruction in the lower bowel. Though she coincided with me in opinion, she refused to submit to any examination. I took my leave, recommending the daily use of the *enema*.

Jan. 9.—She again sent for me, having miscarried two days before. In addition to her former sufferings, she now had serious flooding, accompanied with bearing down pains, which she almost always suffered, though not to so great an extent as at present, during the period of the *menses*. Treatment. Absolute rest. *Venæ sectio ad uncias sex-decem.* *Enema nocte maneque.* *Lotio zinci sulphatis per vaginam.*

Jan. 10.—She was better; a great deal of slime and blood came away with the *enema*. I now told her, that unless she would submit to an examination of the rectum, her consulting me was useless; and I believe, more from fear of my refusing to

attend her, than from any other motive, she consented. Upon passing my finger into the gut, I discovered a considerable number of small pellicles growing from different parts which felt like warts, excepting that they were of a softer consistence. They were exceedingly tender, and in a state of ulceration, evinced by the finger, when withdrawn, being smeared with discharge. With some difficulty, I passed the smallest sized rectum bougie through the sigmoid flexure; there was no impediment except at this point; here the pain and the spasmodic action was so considerable, that I was compelled to relinquish the pressure again and again before the instrument could be passed. Treatment. *Enema omni mane. Oleum ricini pro re natō. Hirudines decem, ano.*

Jan. 15.—She was in all respects better. I introduced the bougie, which, as before, caused excessive pain at the sigmoid flexure.

Jan. 20.—She was improved, had passed a good deal of slime, and a large quantity of *ascarides*. She had retained the instrument fifteen minutes. I used the same; the pain upon its introduction, though considerable, was lessened.

I never saw this lady again. She wrote to me, stating her disinclination to continue my attendance, though satisfied of the necessity for her so doing. I subsequently learned that, five weeks

after she left me, she was seized with inflammation of the brain, of which affection she died.

#### REMARKS.

This case elucidates, in a very clear manner, the connexion of stricture of the rectum, with the affections of the bladder and of the uterus. It ought also to convince us of the inutility of the exhibition of drastic purgative medicines in inflammation of the bowels. It cannot be doubted, that this patient's sufferings were materially increased from their injudicious administration, while, on the other hand, the milder measures, which were subsequently pursued, were productive of essential benefit.

#### CASE XVII.

R——A——, age 34.] April 14, 1828.—Who had been a patient of the General Dispensary many months; was resigned over to my care in consequence of the resignation of my late colleague; she gave me the following account of her afflictions.

“ About six years since, I first experienced pain “ in passing my motions, which used always, as

“ long as I can remember, to come away from me  
“ with great difficulty, and often not larger than a  
“ little child’s; I had a good deal of smarting at  
“ the fundament, and used to void blood and  
“ slime for weeks together; very often the gut  
“ would come down, and get fixed, so that I could  
“ not return it till I sat in cold water. At last it  
“ caused me so much misery that I applied to a  
“ medical gentleman, who desired me to take  
“ salts, or some physic every night, to purge my  
“ bowels. This I did for a long time, though I  
“ always suffered shockingly when I went to stool.  
“ I at last, after attending many doctors, went into  
“ the hospital, where I had a stricture cut in three  
“ places. For some time I was better, but at last  
“ I again got worse, being unable to pass any  
“ stools without physic, though I always felt as if  
“ I wanted to do so, and used to strive for hours  
“ together, though nothing but blood came from  
“ me. Besides my former complaints, I now be-  
“ came irregular, being sometimes unwell for three  
“ weeks or a month together; and had dreadful  
“ bearing down pains, as if I was in labour. I was  
“ now obliged to get into St. Bartholomew’s Hos-  
“ pital, where I was for a long time under the care  
“ of Mr. Earle, who cut the stricture again. After  
“ I had remained in the hospital many months I  
“ was discharged, very little better as to my stric-

“ture, and much worse in my health. I now applied to the Dispensary.”

To my question whether she found any benefit from the division of the stricture, she said, “I think I did at first, but the part seemed to me to be very soon shut up again, and I was worse than ever; indeed, nothing has ever come from me since, unless I give myself an injection; and when I do this, it pains me very bad; on account of the flesh that is grown at the entrance.”

Upon examination, I found a mass of diseased superstructure around the orifice, extending also within the sphincter; the introduction of my finger caused her the most acute pain; nor could I pass it higher than an inch and a half, on account of the powerful contraction, and the rigidity of the part. The poor creature’s situation was at this time perfectly hopeless; she was emaciated to the greatest degree, matter had formed in both groins, and she had a foetid saious discharge both from the vagina and the rectum; in fact, her constitutional powers were so much exhausted, that no reasonable hope could be entertained that she would long survive. I therefore contented myself with advising the use of an *enema* with laudanum every night, and administering sedatives with mild aperients every twelve or eighteen hours; with any nourishing food her stomach would retain.

She survived about a month from the time I first saw her, during which period she had three attacks of flooding, and could seldom pass her water without the assistance of tepid bathing. On the fourteenth of May she died; and, on the following day, I examined her body.

### *Sectio cadaveris.*

There was a considerable quantity of matter in the cavity of the abdomen, produced from a large abscess, which had formed beneath the iliac fascia. The colon immediately *above* the sigmoid flexure was dilated to a considerable extent; while, *at* the sigmoid flexure, the bowel was much thickened and contracted. There was also a stricture about seven inches up the rectum, the mucous coat of which was in a high state of inflammation; and about an inch and a half within the orifice (where the stricture had been divided) the gut was in a gangrenous state. The remains of the obstruction which had been divided were evident; the division of the parts extending only through a portion of the contraction. At the orifice of the bowel there was a mass of fleshy excrescence. The body of the uterus was in a scirrhous condition, and the cervix in a state of ulceration; as was also the vagina. No other morbid appearances were found.

## REMARKS.

This case I consider an interesting one for many reasons. It elucidates very well the connexion of uterine disease with stricture in the rectum, and clearly shows that the latter organ *was the primarily affected part.* It likewise in some degree confirms the observations I have ventured to make upon the division of a stricture. A more favourable case upon which to perform the operation will seldom occur; nevertheless, if the narrative of the patient can be relied upon, it was productive of trifling, if any permanent benefit.

## CASE XVIII.

A lady, aged 24, who resided some considerable distance from town, consulted me, February 23, 1828, under the following circumstances:—For some months she had been in a bad state of health; suffering from confinement of her bowels, which did not act for seven or even ten days together, unless she took some powerful opening medicine. At every attempt to relieve them, a tumour protruded (as she considered) from the anterior passage; and she always passed more or less

blood from the rectum, she also experienced a frequent desire to void her urine, which she was often unable to do. Latterly, these attacks had become much more frequent, and the swelling had increased to such an extent as to be readily distinguished externally. She had been irregular for more than eight months, and was commonly subject to *leucorrhœa*.

Upon making an examination *per vaginam*, I could discover no kind of disease in that passage, or of the uterus; but upon introducing my finger into the rectum, I found a contracted condition of the sphincter, just within which, the mucous coat of the bowel could be distinctly felt in large folds, which, at any attempt to relieve the bowels were protruded into the vagina, the contracted state of the sphincter preventing any prolapsus of the bowel from taking place externally. I could not discover any further obstruction by the examination of the finger, but, upon attempting to introduce a bougie of the size of number seven, I found I could not pass it beyond seven inches. After much trouble, I introduced number six, which she retained for fifteen or twenty minutes. She had been taking all kinds of medicines, with the view of restoring the healthy functions of the uterus, but to no purpose. I, therefore, requested she would permit me to rely for the present upon

the use of the instruments, together with the *enema*, and the administration of mild doses of castor oil, or milk of sulphur.

Feb. 27.—She had suffered much both yesterday and this day from the swelling ; this she attributed to the operation of the aperient medicine, which she had taken by mistake in much too large a quantity. I now requested she would permit me to examine the part, with the view of forming a more correct opinion of the affection. I found it somewhat difficult to introduce my finger into the bowel, from the powerful spasmotic action of the sphincter, indeed she could not bear the attempt. I, however, distinctly ascertained that the rectum protruded into the lower and back part of the vagina.

**Treatment.** *Applicantur Hirudines decem, ano.*

**Recipe,** Aquæ Ammoniæ Acetatis ʒiii.

Spiritus Vini Camphorati ʒi.

Misturæ Camphoræ ʒxii.

**Misce.** Fiat Lotio constanter applicanda parti affectæ.

**Enema cum Tinct:** Opii, omni nocte.

March 2.—She was much more easy, and the swelling had greatly subsided. The *enema* brought away several small lumps of feculent matter.

March 5.—I introduced number seven with less trouble the whole extent of the rectum. There was not any swelling at the orifice, but she com-

plained of a sharp pain in the sphincter while I was passing the bougie.

March 10.—She was in all respects more comfortable; her bowels had acted each day without any kind of medicine. *The day following that on which the last instrument was passed, she was locally ill, as was the case at present.*

March 16.—I passed the same bougie, which she retained for three-quarters of an hour.

March 27.—She had been somewhat confined in her bowels, and had suffered from head-ach; but she stated that she felt truly grateful for the improved condition of her general health. I passed number nine, with comparative ease to those before introduced.

I continued to attend this lady for the space of a month or six weeks, during the whole of which time she did not experience any return of the swelling, and, at the regular period, the *menses* appeared. Her health was then so far established, that she returned to her friends in the country. Prior to her leaving town, I was able to pass number ten with little or no inconvenience to her, excepting at the orifice of the bowel.

## CASE XIX.

A lady, aged 48, the mother of eight children, had been for some months in a declining state of health, suffering from pain in the chest and in the right side. She had a most troublesome cough, attended with great difficulty of breathing, and much expectoration; and she was unable to lie in the recumbent position. She had considerable fever, her pulse being above 120, small and irritable. For the last two years, she had suffered from a prolapsus of the uterus, and she commonly experienced attacks of piles. For years past, her bowels had been irregular in their action, sometimes being relaxed for many days together, at others, obstinately costive. She passed but little urine, and her legs and feet swelled towards night.

I was requested in consultation to examine the rectum in this case; when I discovered obstruction at six inches to so great an extent, that it was with difficulty even number three could be introduced. I advised the use of the *enema* every night, a continuation of the same sedative medicine she had been taking, also small doses of the Prussic acid. She could not retain the bougie longer than seven minutes.

I continued to attend this lady every third or fourth day, and to pass the bougie, the size of which I increased, either at every, or every other introduction, till I was able in three weeks to pass number seven. She was now materially improved in health, being able to get up for some hours together, having less cough and expectoration. Her fever, which was very great when first I saw her, had abated to a great extent, her pulse being reduced to eighty-six. She passed her water with comparative comfort and ease, yet she was a good deal annoyed by the condition of the womb; but even this affliction did not trouble her as much as formerly, since her bowels had acted more comfortably. Notwithstanding this extensive improvement, she wrote to me, expressing her desire to decline any further use of the instruments. I was much surprised at her determination, after the benefit she had received. Both her regular medical friends and myself urged her to prosecute the treatment, but to no purpose, and she left town a few days after, promising, if she became worse, to consult me again. I was gratified in hearing from her medical attendant some weeks after, that she had been gradually getting better and better, that her cough had almost entirely ceased, and that the swelling of her legs had subsided; nor had she so

much of the bearing down pains, or of the irritation of the bladder, both of which affections were in a great degree referable to the prolapsus of the uterus. I heard from this patient by the lady whose case is next narrated, and who was induced to request my aid from her friendly recommendation some time after. She wrote, “I have at last overcome my ridiculous scruples; and have requested Mr. ——, of this place, to use the same instrument (number seven) which you passed when I was in town. I am much better for his professional skill, and really think, if it was not for the state of my womb, that I should get quite well.”

## CASE XX.

Mrs. ——, aged 36.] Jan. 4th, 1829.—Had been married six years, had never had a living child, but had suffered from three miscarriages; she was commonly subject to *fluor albus*. From the earliest period of her recollection, she had a confined state of her bowels. About ten months since she first found an appearance of blood and matter in her motions; and after each time she relieved her bowels, a fleshy substance

protruded at the orifice; this had latterly increased to so great a degree, that she could not take even slight exertion without its falling down. Some months since she was able to put it up readily, but of late she found great difficulty in doing so, and the part usually bled a good deal at each attempt. She complained of pain in the loins, and the lower part of the belly, in the groins and thighs, and of cramp in the legs. Upon my examining the condition of the parts external to the rectum, I found a considerable portion of piles, from the surface of which, which was in a state of ulceration, there was an offensive discharge. Upon my requesting her to make an effort to relieve her bowels, a considerable portion of the mucous coat of the rectum protruded at the orifice. Being convinced, from the extent of the prolapsus, that no material benefit could be achieved without its removal by an operation, I apprised her of my belief, and likewise suggested that the bowel should be carefully examined with the bougie, in order that, if there was any stricture, it might first be removed. This was accordingly done, when I discovered an obstruction at six inches, which admitted of the passage of number five only. In about a month I was able to pass number eight, when I removed the whole of

the prolapsed portion of the mucous folds of the bowel by excision. A very trivial haemorrhage occurred.

In the course of ten days, I again had recourse to the use of the instruments, introducing them every fourth day, till on the 12<sup>th</sup> of April I was able to pass number ten with trifling annoyance. At this time, she stated that she felt surprisingly better in every respect: her bowels acted better, but she passed some blood from the rectum, at each attempt to relieve them; this feature, however, had lessened during the last three weeks, she had no discharge *per vaginam*. I now instructed her to act for herself, and she left London a few days after for her residence in the country. Some weeks after she wrote to me, stating, "I cannot, my dear Sir, sufficiently thank you for your advice, and the friendly treatment you bestowed upon me when under your care; I rejoice to say my health has been largely benefited, indeed I have been blessed with a perfect recovery \* \* \*

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The following is the case alluded to at the twenty-seventh page.

### CASE XXI.

*A case of Stricture at the Sigmoid Flexure of the Colon, in which the patient did not pass an evacuation for fifteen weeks prior to his death.*

Robert Hertsell, a shoemaker, aged 30, was of a costive habit, but had otherwise enjoyed good health. He used generally to have three or four stools in the week till within eight months of his death. From that period he became much more costive, having a stool only once a week, or sometimes once in a fortnight. When he passed a stool he felt some pain at the lower part of the belly. The costiveness still went on increasing, so that he had no evacuation by the bowels for nearly fifteen weeks before he died. In this state his belly began to swell, and at length arrived at an enormous size. The distension of the belly seemed principally to be occasioned by wind which had accumulated in the bowels. There was a sudden re-action of the integuments of the belly upon removing from them the pressure of the fingers, as in a common bladder filled with air; and the

patient often passed a considerable quantity of wind through the œsophagus. No wind, however, was discharged by the rectum. He commonly complained of a good deal of pain about the navel, and sometimes over the whole abdomen. During the latter part of his illness, when the abdomen was swelled to a very large size, the peristaltic motion of the bowels could be distinctly seen through the parietes of the abdomen, and the bowels appeared evidently very much distended.

The patient's appetite for food was, through the greater part of his illness, as good as in health; but within a fortnight of his death it failed him. He took then very little, most commonly a small quantity of wine or porter, with some toasted bread; but these were often rejected by vomiting, about a quarter of an hour after they had been swallowed.

His pulse was generally about 84 or 86, was rather full, but not hard. When he felt any considerable increase of pain in the belly, it rose to above 100. Towards the latter part of his illness, the pulse was often above 100, and sometimes felt a little hard. During the whole of his illness, he breathed with tolerable ease, notwithstanding the great distension of his belly; and he passed his urine without difficulty.

A short time before his death he became ex-

tremely emaciated in his face, and within the last twenty-four hours he complained of a very severe pain in the region of the stomach. During a part of his illness he was a patient under my care at St. George's Hospital. He was admitted March 8th, 1797, and was discharged at his own desire, on the 24th of the same month, having received no relief while there. Whilst he stayed in the hospital, the strongest purgative medicines were administered, both by the mouth, and in the form of clysters, but without the smallest success. He took a bolus, containing five grains of calomel, and ten grains of gamboge, but without its being followed even by any attempt at an evacuation by stool. Twenty grains of calomel, and thirty grains of jalap were also given, but without any effect. An *enema* was administered, containing two drachms of gamboge, but it was very soon evacuated without being accompanied by any fæces. Another was administered the following day, containing three drams of gamboge, but without the desired effect. Tobacco smoke was also injected in vain.

He was directed to take a pill, containing four grains of elaterium, but this made him sick without producing any evacuation by stool. Shocks of electricity were sent through the abdomen for several days. Cold water was dashed upon his

feet, but both of these means were ineffectual. He wished to try the effect of swallowing some crude quicksilver, as he thought he had once received some temporary ease from it before he was admitted into the hospital. Accordingly, he swallowed three ounces of quicksilver, but it was retained, no part of it having passed by the orifice. Some globules of quicksilver appeared mixed with the faeces upon examining the body after death.

Having received no benefit from various trials during his stay in St. George's Hospital, he desired to be discharged. As his case was very singular, I visited him occasionally at his own house, and he was very frequently seen by a diligent pupil of the hospital, who gave me an accurate account of the state in which he found him. After his leaving the hospital nothing was attempted for the patient's relief by my direction, except that a scoop was desired to be introduced into the rectum, in order to break down the faeces mechanically, if they should be found within reach, and in that way to remove them. Upon a candle being introduced into the rectum, it was found to be empty; the scoop, therefore, was not introduced. At length all trials were given up; his belly became more swelled, his feelings more distressing, and his strength more exhausted, till he sunk under the violence of the disease, and died on the 14th of June.

On the evening of the following day I examined his body in the presence of Dr. Marshall, Dr. Clough, and some medical students.

When the abdomen was laid open, the stomach was found to be flaccid, but was healthy in its structure. The small intestines, except the duodenum, were very much distended, but still more so were the great intestines, which seemed to be above six inches in their transverse diameter. Upon the surface of both the small and great intestines were observed little patches and narrow bands of a florid red colour, which were composed of a great crowd of very minute blood-vessels. The small intestines, except the duodenum, were filled with air partly, and partly with fæces. The fæces were accumulated principally at the lower end of the sigmoid flexure of the colon, and were gradually less in quantity to the cœcum. There were no fæces in the small intestines, except at the very lower end of the ilium, and the small quantity that was found there might have been forced through the valve of the colon by the pressure of the hand against the cœcum in examining the body. The fæces were properly coloured by bile, were of the consistence of soft mortar, and although they had been so long retained in the intestines, were not more fetid than usual. The great intestines, where they were so much distended, had their muscular coat a good

deal thickened, and the longitudinal bands were at least twice as thick and broad as in the natural state. At the lower part of the sigmoid flexure of the colon, there was a very narrow stricture, accompanied with an ulcer, which was partly in the situation of the stricture, and partly in the gut immediately above it. The stricture was so narrow, as hardly to allow more than a large goose quill to pass through it. The rectum under the stricture was sound.

The liver and gall-bladder were in a natural state, but the other abdominal viscera could not well be examined on account of the distended state of the bowels. They were probably healthy, as no symptoms occurred during life which led to any suspicion of disease in them.

The cavity of the thorax was a good deal diminished in its size, in consequence of the distended state of the abdomen, but the viscera in it were free from disease.

In reflecting upon this singular case, the following observations naturally arise. The stricture at the beginning of the rectum is to be considered as the cause of all the symptoms. It was so narrow as to prevent both the faeces and air to pass into the rectum. The rectum being empty, the urinary bladder was allowed to enlarge itself sufficiently for the ordinary accumulation of the urine, and

the patient neither made water with difficulty, nor was obliged to void it frequently.

This case shews a very strong power in the system of accommodating itself for a great length of time, to circumstances which appear almost incompatible with the continuance of life. As the fæces could not be evacuated on account of the stricture, the great intestines became larger in proportion to the accumulation of the fæces. As the great intestines were frequently exerting a strong peristaltic motion, in order to evacuate the fæces, the muscular coat was thereby thickened and rendered stronger, so as to become in some degree proportioned to the difficulty in expelling them. The stricture, however, was too narrow for these efforts to overcome the difficulty.

The smell of the fæces was not more disagreeable than is usual in the sound state of the bowels, and they were not putrid. This probably took place in consequence of their being excluded from the air.

The stomach retained its healthy functions till within about a fortnight of the patient's death, and this enabled him to support life for so long a time under so formidable a disease. I have not heard of any instance in which a person continued to live for so great a time without any evacuation of the fæces. I thought, therefore, that an account of

this case might not be unworthy of the notice of the Society from its singularity, more especially as the facts are undoubted, and the examination of the body after death explains in a satisfactory manner the symptoms which took place during life.

P. S. Since this paper was written, I have received, through Mr. Horne, an account of a case similar to it, in a man aged 57; but the length of time in which the patient had no evacuation by the bowels before his death was only twenty days. When the abdomen was examined after death, a stricture was found at the upper part of the rectum, which was so tight as to seem as if the intestine had been drawn together by a piece of pack-thread. The colon was a good deal distended with faeces, and the small intestines, as high up as the duodenum, were also somewhat distended, probably with air. There was no unusual distension in the duodenum and the stomach, but they seemed in every respect to be in their natural state.

## CHAPTER XI.

*Of Distension and permanent Enlargement of the Colon.*

THE surprising degree in which nature accommodates herself to diseased action cannot be better exemplified than in the extensive enlargement which sometimes takes place in the colon, as a consequence of stricture either in the sigmoid flexure, or in the rectum. The discovery of this diseased appearance in post mortem examinations has occasionally directed the attention of the profession to the serious malady of which it is an effect. Cases are recorded where this enlargement was found, and thence the existence of stricture ascertained, when the presence of this disease had not been even suspected during the life of the patient.\*

\* Some excellent cases of this description will be found in the Medical and Surgical Transactions, vol. iii. page 158, and in Anderson's Quarterly Journal, 1823, page 469.

Collections will, from time to time, take place, distending the bowel to an enormous size; which collections remaining for some time, impair the contractile power of the intestine, and thus create a permanent irregularity and a difficulty of voiding the contents of the bowel. In these instances, it is often beneficial to wear a broad elastic belt round the body, applied sufficiently tight to afford support, but not to create unpleasant pressure.

But distension of the colon is apt not only to derange the functions of other parts, but to cause appearances which, even under the closest examination, may be mistaken for a diseased condition of the structure of those parts. Any accumulation of food in the stomach, creating, from pressure, uneasiness and pain in the transverse arch of the colon, may be, and, as I believe, is commonly treated as indigestion, or some derangement of the stomach. So also, any material collection of fæces in the upper parts of the ascending and descending portions of the bowel, is likely to be mistaken for an enlarged and diseased condition of the liver; while the continued pressure upon the diaphragm, causing more or less difficulty in respiration, may lead us to apprehend incipient affection of the lungs. Thus, in process of time, causes and effects become so intimately blended, that the most accurate examination is insufficient to disco-

ver the primarily affected part. The three following cases may be considered valuable instances in confirmation of these remarks.

### CASE XXII.

Mr. ——, age 41.] Oct. 31, 1821.—Complained of pains in various parts of his body, especially the loins, knees, and ankles. Had a severely ulcerated sore throat, the tonsils of which were considerably inflamed, and in one of them there was a deep and ill-conditioned ulcer. His digestion was impaired: the administration of the smallest quantity of food occasioned severe pain in the stomach, with acidity. From the belief of his medical friends that his sufferings were connected with Syphilis, he had undergone two courses of mercury, though he had never, to his knowledge, had any disease of the kind beyond a common gonorrhœa. At the present period, he was taking four grains of calomel daily, which, in conjunction with protracted indisposition, had produced great general debility. I recommended him to discontinue the mercury; and ordered stomachic aperients thrice daily, together with a generous but not stimulating diet.

Nov. 4.—He was rather better. I advised a mild gargle, and a continuation of his medicines.

Nov. 9.—He was in all respects better.

Nov. 13.—The ulcers in the throat assumed a healthy appearance. He felt better, but complained of thirst, particularly at night, during which period he sometimes drank two or three quarts of water. I advised, imperial as a common beverage. Half a pint of compound decoction of sarsaparilla twice in each day.

Nov. 26.—He was not so much troubled with thirst; and his throat and the pains in his limbs were better, but the discharges from the bowels were offensive, and passed with a good deal of blood. To prosecute the same plan.

Dec. 6.—He had been at Brighton, using warm sea-bathing; was improved, but the bowels remained irregular. To continue the same plan.

Dec. 16.—His throat was nearly well; the thirst had subsided, and the pains in the loins and back had nearly left him.

Dec. 24.—He stated his intention of taking a journey, as he considered his health re-established. I desired him to be cautious of his diet and habits, and of the state of his bowels. I did not see this patient again till

May 13, 1822.—He had been in better health than for years past, till within the last fortnight or three weeks, but he could not keep his bowels regular. Sometimes they would act for *two or*

*three successive days, then again they would be confined for a like number, while, at other times, they would be relieved ten or fifteen times in as many hours ; he had also had attacks of hæmorrhage from the rectum spontaneously, and after passing his motions.* He experienced pain in the region of the stomach after eating ; his urine was scanty in quantity, high coloured, and deposited a sediment like brick dust ; he had also occasional night sweats, with trifling cough ; yet his pulse was regular and healthy at seventy. I should have mentioned that this gentleman, who had for many years been a very free liver, even now indulged occasionally in wine. I advised much the same as before, with castor oil every morning.

May 23.—He felt better. To prosecute the same plan.

May 27.—He was not so well ; and his appetite failed him, yet no persuasion would induce him to take proper nourishment ; he lived upon soups and made dishes, and took a considerable portion of wine. He complained of pain in the epigastric region, extending down the left side into the groin, which pain increased after eating. The night sweats had entirely left him. I urged his seeing some physician, but to no purpose. Treatment as before.

May 30.—He was this day seized with acute

pain in the left side, attended with cough and difficulty of breathing ; the pulse was full and frequent. He had not passed any evacuation from his bowels for three days. *Applicantur cucurbitæ, lateri.*

## Recipe,

Aqua Ammoniæ Acetatis  
3iss.  
Vini Antimonialis 3iss.  
Spiritus Ætheris Nitrici 3iii.  
Misturæ Camphoræ 3ii.  
Misce. Fiat mistura, cujus sumantur cochlearia duo magna, quartâ quâque horâ.

## Recipe,

Hydargyri Submuriatis gr. ii.  
Pulveris Jalapii gr : vj.  
Misce. Fiat Pulvis, tertia quâque horâ sumendus, donec alvus bene dejecerit.

## Milk diet.

June 1.—He was better in every respect ; his bowels had been freely relieved, but he had passed little water.

June 2.—He was materially better, yet passed little urine. His legs swelled.

## Recipe, Tincturæ Digitalis guttas x.

— Scillæ guttas vj.

Vini Antimonialis guttas viij.

Misturæ Camphoræ 3iss.

Misce. Fiat haustus, quartâ quâque horâ sumendus. Oleum ricini omni mane.

June 3.—The bowels had acted copiously ; but he passed a scanty quantity of urine. He com-

plained of an increase of pain in the epigastric region, and the swelling in the legs was increased ; I again urged him to see a physician, but he declined to do so. I recommended change of air ; accordingly he went to Brighton.

June 16.—He wrote to me, stating that he was better ; that the swelling of his legs was reduced, but that he made little or no urine, and he thought his belly was larger than common. I neither saw nor heard any more of this patient till

July 21, when he returned to London. His general appearance was much altered for the worse ; he was grown thin in the face and limbs ; his abdomen was enlarged and tender to the touch ; no distinct fluctuation could be felt in it, but the slightest pressure in the epigastric region, or in the groins, created pain ; he also suffered much in passing any relief from his bowels, the inclination for which was frequent, and often ineffectual (the latter symptom he now mentioned for the first time) ; he had also a constant desire to make water, though the whole quantity he passed in twenty-four hours did not exceed half a pint. At this juncture I at last persuaded him to see a physician. He thought with me, that he was fast becoming dropsical, and could not live, *our apprehension being that the liver was diseased*, and probably the digestive organs.

**Recipe,** Pulveris Digitalis gr: i.

Hydrargyri Submuriatis gr: ss.

Pulveris Scillæ gr: i.

**Misce.** Fiat Pilula, bis in die sumenda.

July 25.—The swelling of the abdomen was increased, and his bowels were much purged.  
*Omittantur pilulæ.*

July 27.—He was much the same. Dr. — advised his taking another journey to Brighton, but he was too weak to undertake it. The fluctuation in the abdomen could now be distinctly felt; he was generally anasarcaous, and passed scarcely any urine.

**Recipe,** Hydrargyri Submuriatis gr: ss.

Pulveris Rhæi gr: iv.

**Misce.** Fiat Pilula octavâ quâque horâ sumenda, cum haustû antea præscripto.

In the night preceding the 27th he was attacked with pain all over the abdomen, extending into the groins; this subsided, after a few hours, in a violent purging, attended with profuse hæmorrhage; supposing this might be produced by the mercury, it was discontinued. Every thing grew worse until

August 28, when fluid had collected in the abdomen to such an extent as to render it neces-

sary to remove it, but he would not consent to any operation.

Sept. 2.—He was considerably worse; the stomach rejected every thing; his legs and thighs, as well as the abdomen, were much enlarged; tapping was decided upon, with the view of protracting his existence. Upon examining the belly, I felt a considerable hardness at the upper part, particularly at the margin of the ribs on the left side, where there was a protuberance, which Dr. —— *and myself believed to be an enlarged liver.*

Sept. 10.—I was sent for to him at night, informed that he was dying, which he certainly appeared to be; he was insensible, and his pulse frequent and intermitting. I gave him small quantities of brandy and water during two hours I remained with him.

Sept. 11, nine A. M.—To my surprise he was better; his senses had returned, and a profuse diarrhoea had come on, his bowels being relieved every ten or fifteen minutes, accompanied with a considerable discharge of blood; he had a prolapsus of the rectum to a great extent, which he said had been a common occurrence with him for years; "but," said he, "I do not regard it, since "I can easily reduce it myself, but I am now too "weak to do any thing." I readily relieved him from this trouble. I now began to examine cau-

tiously into the state of the motions; they were relaxed from the effect of castor oil, and always passed with a greater or less quantity of blood and mucus. He had rallied surprisingly, being able to sit up for several hours together, and even to take trivial exercise in his bed-room, yet he continued to increase in size both in the abdomen and the legs. Perceiving that, in proportion as the bowels were acted upon, he gained rather than lost strength, I advised castor oil every morning, and an *enema* every night of thin water gruel containing forty or fifty drops of laudanum. Upon attempting to throw up the fluid, I found it impossible so to do. At this juncture the idea of mechanical impediment existing in this case first entered my mind; upon communicating which to him, he replied, “I will lay my life you are right, “Sir. I have often felt as if I was too full, and “strained to empty my bowels to no purpose.”

By my desire he removed from his abode to a more airy and comfortable situation at Walworth, where, on the 1st of October, I examined the rectum. (I ought to have mentioned that he had dismissed Dr. —— on the 12th September, promising to send for him again if he thought it requisite). There was a trivial impediment to the introduction of the finger from the irritability of the sphincter: and, about two inches up, an ob-

struction, which felt like pressing the distended bladder. Upon attempting to pass a rectum bougie of very small size, I could not get it higher than three inches:

Oct. 2.—After some trouble I succeeded in passing a full sized urethra bougie through the obstruction, and thence to about seven inches up the bowel. He was unconscious of any sensation from the instrument, though I found it difficult to introduce it; and upon withdrawing the bougie, I discovered I had passed it for nearly five inches through feculent matter. I now introduced a small elastic catheter, to which I affixed a stop-cock and elastic bottle, and after a full hour's endeavour succeeded in getting up half a pint of water-gruel; it created distressing desire for motion, but remained up, and I left him, requesting he would retain it as long as he could. I advised a table spoonful of castor oil every night.

Oct. 3.—The fluid had remained up one hour and a half, when it came away with half a close-stool ~~painful~~ of the most horribly offensive fæces. I introduced the pipe, and with difficulty succeeded in getting up three parts of a pint of fluid; it produced the same distressing disposition to pass a motion, but it remained up.

Oct. 4.—He had retained the fluid four hours, when it came away with an immense quantity of

fæces; to use his own words, "not less than a full close-stool panful;" he felt somewhat easier about the abdomen, but lying upon either of his sides, and particularly the left, or pressure in the situation of the ascending and descending portions of the colon, caused considerable pain. I introduced the pipe, and threw up three parts of a pint of gruel; it passed readily, without producing the same urgent desire to relieve his bowels.

Oct. 5.—He had retained it from three p. m. to eight A. M., when it came away with just the same effect as before; he likewise passed subsequently a large portion of fæces, exactly like sheep's dung, after several fruitless efforts, attended with acute pain in the rectum and bowels; he also complained of cramp over the abdomen, particularly at each groin and in the region of the bladder. I threw up a pint of fluid, which was retained without difficulty.

Oct. 6.—It remained up till between eleven and twelve at night, when it came away with a vast quantity of motion; he had also spontaneous relief from his bowels. The discharges, though more natural, were yet composed in part of a grit-like substance. I threw up the fluid.

Oct. 7.—It came away in the night with more indurated fæces; I was astonished at the quantity after what I had before seen. He was much

improved in health ; the difficulty of breathing and the cough were gone ; the swelling of his legs was lessened, *and he passed a considerable quantity of water by the rectum, and from the bladder* ; the superior and front part of the abdomen was much reduced ; all appearance of what Dr. —— and myself took to be an enlarged liver being totally gone. The same treatment was adopted daily till the 11th, with progressive benefit ; the *enema* for the two last days had come away with very little feculent matter. I attempted to introduce a rectum bougie, but could not pass the smallest size through the sigmoid flexure ; it gave him considerable uneasiness.

Oct. 12.—After some trouble, I introduced a full sized urethra bougie into the colon ; it hurt him much when passing the sigmoid flexure, and when withdrawn was indented in a similar manner to a bougie which has lain in a stricture in the urethra. He was improved in health, *passing large quantities of water after his stools, and from the bladder*.

Oct. 15.—He had daily used the *enema*, which sometimes returned immediately, at others remained up for hours ; they brought away little or no faeces. I passed, after some trouble, the rectum bougie which I could not introduce on the 11th.

Oct. 19.—He had retained the bougie two hours; when withdrawn it was smeared over with offensive bloody mucus, and filaments of skin. He continued to get better, and to lessen in size; had made full three quarts of water during the night. I succeeded in passing a bougie one size larger.

Oct. 22.—He had retained the instrument half an hour, and was going on well; he slept comfortably; was able to lie on either side without pain; and continued to diminish in size; his legs were, as he said, “sleeker than those of a race-horse;” his motions were more healthy, but passed with difficulty, and after much straining; some blood usually followed them.

Oct. 27.—I increased the size of the bougie from number two to number four; it passed easier. He had sat up for eight hours yesterday; had been a good deal annoyed with wind passing *per anum*, a thing which he did not remember to have occurred for years before. I used the same bougie.

Oct. 30.—He had retained the bougie four hours; was better, though exceedingly weak; had passed four figured motions of a tolerable size. I measured the abdomen, and found that it had diminished four inches and a half in the last ten days. I increased the size of the bougie.

He proceeded in the same favourable manner till,

Nov. 15, at which time he passed two or three motions every day, though with pain and difficulty, and some blood; yet his health and strength were materially improved; he was able to sit up for eight and ten hours at a time, and to take moderate exercise. There was no appearance of fluctuation in the abdomen, but in each groin there was enlargement, about the size of a goose's egg, which increased if the bowels were not regularly relieved. He had a severe cold. I passed number seven, which caused a good deal of uneasiness in going through the sigmoid flexure. He improved progressively till,

Nov. 23, on which day he walked to my house, a distance of three miles; his bowels now acted daily, but, nevertheless, with difficulty and pain, and the motions were followed by more or less discharge of blood: he had used the same bougie twice since the 15th. I passed number eight; it caused great uneasiness in passing the sigmoid flexure.

Dec. 3.—He continued to gain strength; his bowels acted daily without medicine or the use of the *enema*, but he was compelled to strain violently to pass the slightest quantity; his motions were flattened like ribbons, or fluted, generally of the latter figure. I introduced number eight; also tried number nine, but could not get it through

the sigmoid flexure. I now requested him to manage for himself, and to call upon me in ten days or a fortnight.

Dec. 13.—He had quitted Walworth, returned to London, and taken up his abode at the same coffee-house, where he had been indulging in all manner of imprudences, the effects of which were manifest; the swellings of the legs, and the distension of the colon had returned; his bowels were irregular, and the trifling evacuations he passed, caused extreme pain. He had not taken any oil, used an *enema*, or passed a bougie since I last saw him. Insulted and vexed by his behaviour, I told him I would not attend him unless he chose to pay more attention to my instructions; that a perseverance in his present imprudences would infallibly lead to his dissolution. He replied, “I am glad of it; I wish to die, my life is no enjoyment, but a burthen to me.” I tried to throw up an *enema*, but could not succeed. Treatment. *Oleum ricini omni sexta horâ, ad alvi solutionem.*

Dec. 14.—He had passed no relief.

Dec. 15.—He had voided several small motions with severe pain.

Dec. 16.—I called and found him intoxicated, when, disgusted with his conduct, I left the house.

Jan. 14, 1823.—I accidentally met this patient; he said his bowels acted tolerably, but that he was

compelled to take castor oil ; his legs swelled a good deal. Three days since he thought of sending to me, not being able to pass his water, but by the use of the warm bath and the *enema* he became better.

Feb. 11.—He sent for me in the night, being seized with a violent attack of cholic. I found that his habits had been irregular in the extreme ; he often drank immoderately, and he lived upon soups, made dishes, toasted cheese, &c. ; for the last fortnight he had taken no kind of medicine. After some persuasion, I got him to take what I considered necessary, by which, in conjunction with the warm bath and the *enema*, in the course of four days he was again comfortable. I neither saw nor heard of him till,

May 2, when I received a message to visit him at Highgate, to which place he had removed about a month ; he was visibly altered for the worse, labouring under great difficulty of breathing, and very severe pain in the abdomen, in which, as well as the legs and thighs, a quantity of fluid was collected. He had a continual inclination, but no ability, to pass the contents of his bowels, each attempt producing more or less discharge of blood ; he made scarcely any water ; and had repeated vomitings of a pure yellow fluid ; in fact, he was evidently fast approaching to dissolution ; yet his

pulse was steady at seventy-six. I ordered aperients in conjunction with diuretics, but the stomach would not retain them. His situation was afflicting in the extreme, yet no persuasion would induce him to let me try to give him an *enema*, or to pass a bougie.

I continued to see this gentleman till the 8th of June. On the morning of the 9th he was assisted to the night-chair; after he had been out of bed nearly three hours, the people of the house not hearing him ring, as he usually did when he wished to be assisted into bed, went to his room, when they found him lying on the floor insensible. In this condition he remained till the 12th, on which day he died. He had vomited every three or four hours, for the last two days, a watery fluid of a yellow colour, which had not the odour of fæcal matter.

#### *Post mortem examination.*

Upon opening the abdomen, I discovered one of the most extraordinary specimens of disease I have ever witnessed. No vestige of the stomach, liver, or small intestines could be seen, but one immense tumour, having an irregular surface, in some points perfectly hard, in others of a softer consistence. Upon examination, this proved to be the colon, distended with hardened fæces; so large was it,

that the transverse arch of the bowel extended within a trifling distance of the pubis, and the ascending and descending portions of the gut nearly coalesced; from these several points coagulated lymph had been thrown out, which had become organized, connecting the different portions so as to glue it together into one mass: at the superior part, the bowel adhered to the great arch of the stomach, thrusting this organ, together with the liver, under the ribs; it had also contracted firm adhesions to the liver and diaphragm; at the sigmoid flexure it was united in the same manner to the superior aperture of the pelvis, and its lateral portions to the abdominal parietes. After a laborious dissection, I succeeded in detaching it from its different adhesions, and emptied it of the faeces with which it was distended; this I could only do by cutting it through, above the sigmoid flexure and caput coli; at the former of which points, the bowel was so obstructed, that even water would not pass through it. The intestine, notwithstanding its distension, was very considerably thickened through its whole extent. This appeared principally to have resulted from deposition between the muscular and mucous coats. In the rectum there were two obstructions, one about four inches from the orifice, and a second at about seven inches; and at the sigmoid flexure I could

scarcely find any passage at all. The appearance of the obstruction at the sigmoid flexure was not the same as that in the rectum, the former being perfectly circular, whereas the latter resulted from a general narrowing of the passage, produced from material thickening between the muscular and mucous coats of the bowels. The mucous coat, though highly vascular, was sound in structure. The colon was likewise violently inflamed throughout the inner surface, there being here and there patches of ulceration. The small intestines were glued together in one mass, feeling like hard chords, and were diseased through their whole extent. The liver was harder than usual, yet could not be said to be diseased, though it was of *a remarkably small size*. The gall bladder was distended with healthy bile, and the stomach contained a considerable quantity of the same fluid. The spleen, pancreas, kidneys, and bladder, were perfectly sound and healthy; as were the lungs and heart; nor was there any unusual quantity of fluid in the pericardium; the cavity of the abdomen contained about three quarts. I regret it is not in my power to give a more minute account of this extraordinary examination; but the difficulty I had in procuring any, the length of time it occupied, and the necessity of making my

notes afterwards, prevented a more accurate commitment of my labour to paper.

## REMARKS.

I have been minutely particular in narrating this case; considering it a very valuable one, elucidating many important points. It shows to how great an extent feculent matter may continue to lodge in and distend the bowels, even while we are daily administering purgative medicine; and that extreme distension of the colon may be mistaken for enlargement of other organs, and may even impart to them the appearance of disease; thus, that we may fairly attribute the feeling of indigestion this patient experienced after eating, to the pressure of the stomach upon the transverse arch of the colon; the extreme distension of which, I certainly mistook for an enlargement and diseased state of the liver. From the same source arose the difficulty of breathing, the irritation of the bladder; and the various and dissimilar symptoms which this case exhibited. The whole made a lasting impression upon my mind, and first directed my attention to a more accurate examination of the nature and effects of stricture in the rectum.

## CASE XXIII.

Thomas ——, age 33.] Nov. 5, 1825.—This poor man called on me, having severe cough, with expectoration of pus, and profuse night sweats; his pulse was frequent, small, and intermitting. For some weeks past he had been totally unable to lie down, on account of a difficulty of breathing; nor could he bear the slightest pressure on either of his sides, the left being more particularly tender. He suffered constant pain in the head, especially at its back part, also in the groins, the region of the sacrum, and in the thighs. For several days he had had a diarrhoea, attended with discharges of blood and matter; his bowels had never, to his recollection, been properly relieved; latterly they had been exceedingly irregular, never voiding a stool figured, or of any size, but like “sheep’s “dung,” with dreadful pain and difficulty, and at several times in the day. He could not retain his water more than two hours. *He had attended all the hospitals in London, having been discharged as incurable from St. George’s, St. Bartholomew’s, the Westminster, London, and Middlesex hospitals.* Upon the whole, it was such a case of misery and suffering as I have seldom witnessed. I

told him it was useless to expect that I could give him any effectual advice, to which he replied, “ but “ will you be so good as to look at my side, I have “ got a great tumour there.” More with the wish of satisfying the poor fellow than from any other motive, I did as he requested, when I saw a case similar in appearance to the preceding, except that here the enlargement was confined entirely to the sides of the body; the epigastric region of the abdomen presented a natural appearance, nor did pressure at this point induce any great pain; but, commencing at the situation of the superior part of the ascending and descending portions of the colon, there were two enlargements, which gradually increased in size down to the groins, presenting the appearance of two distended bladders: they were hard, especially at the situation of the caput coli, and the sigmoid flexure, where pressure created extreme uneasiness. At the early periods of his indisposition, he said, he frequently used “ to push about a number of small tumours in his “ left groin,” which always used to disappear after a violent attack of purging. I had no hesitation in deciding upon the nature of this case, though I felt doubtful whether any thing could be done materially to alleviate it. I told him I considered his situation left but little hope; that his sufferings arose from an obstruction in the lower bowel, which

had caused a gradual distension of the gut above it, and that the two tumours were nothing more than the sides of the upper gut distended by a collection of fæces. He was exceedingly weak from the effects of the dysentery which had been upon him nearly ten days prior to his seeing me, and was destitute of friends, home, and even the common necessities of life. By the charitable assistance of a few friends, these latter distresses were removed, and I was able to allow him a certain daily maintenance, and to provide him with medicines. I advised an *enema*, with twenty drops of laudanum three times a day; half an ounce of castor oil every night, and a milk diet.

Nov. 8.—He had persisted in the use of the *enema* regularly, passing after each, large quantities of filth; the bowels had been less in pain, though he had passed full thirty motions since I saw him last. To continue the *enema* every night and morning.. Castor oil every day.

Nov. 12.—He was better. The difficulty of breathing and the cough were alleviated; the *enema* continued to bring away large quantities of relief. He had slept for the last two nights lying down, which he had not done for weeks before. I examined the abdomen, and found the circumference of the body over the tumours diminished

full four inches. I recommended him to prosecute the same plan.

Nov. 16.—He continued to improve in every symptom; the bowels acted copiously after each *enema*; he no longer passed blood with his stools; his appetite was better; and he did not find the three pints of milk (which I allowed him with his bread) sufficient for his daily support.

I this day examined the rectum, and found a stricture at the sigmoid flexure, through which I could only introduce the smallest sized bougie; it gave no great pain in passing up the rectum, but at the sigmoid flexure it caused some uneasiness; he retained it twenty-seven minutes; upon its being withdrawn, the upper part, for about three inches, was covered with an offensive discharge, and portions of fleshy substances, evidently from ulceration of the intestine. Upon my showing him the instrument, he said, “he had seen quantities of ‘the stuff upon it in his motions for months past.’” To proceed as before.

Nov. 20.—He was better; the bowels had acted each day several times; he had passed an immense relief four hours after the introduction of the bougie. I introduced the same bougie, and one two sizes larger, with less pain and difficulty.

Nov. 24.—The improved appearance of this

patient surprised me. *He had lost his cough, difficulty of breathing, and night sweats; his pulse was steady and good at seventy, and he slept comfortably in any position. The irritability of the bladder had subsided. His motions were healthy, though fluid from the effects of the oil. The enlargement of the abdomen was nearly gone, his size round that part being diminished by measure eight inches and a half.* I introduced the same bougie, and afterwards number seven, readily into the colon; it did not give him much pain in passing the sigmoid flexure, nor was it smeared with discharge, as heretofore, when withdrawn; he had retained it fifteen minutes. To omit the oil.

Dec. 1.—He continued to go on well; the bowels acted daily without any medicine. I passed the same bougie, also number eight, which remained up a quarter of an hour.

Dec. 10.—He was so much better, that for the last two days he had been able to do a little work; had continued the *enema*, and taken castor oil once; his bowels were relieved every day twice or three times of plentiful and healthy motions; in fact, he said that he thought himself able to pass to his parish, for he was afraid he could not get employment in London. There was a puffy enlargement in each groin of the size of a hen's egg;

but the upper parts of the abdomen presented no unnatural appearance, and he could bear strong pressure upon any part of it. I passed number eight, also number nine; he complained a good deal of the pain at the sigmoid flexure.

. Not seeing any thing of this man for nearly two months, I concluded he had gone to his parish. At the expiration of that time he called upon me; the enlargement of the colon had returned, and he had had several attacks of profuse diarrhoea, attended with discharges of blood. He acknowledged that he had been leading an exceedingly irregular life; in fact, that he had not paid the least attention to his case. Finding that he was thus negligent of himself, I refused any longer to attend him.

#### REMARKS.

This was an exceedingly well marked case of the distension of the colon, showing how nature will accommodate herself to disease, and how speedily its effects may be alleviated by the simplest possible means. I am persuaded, that had the patient continued to follow up the treatment prescribed, he would have so far recovered as to be able to follow the necessary occupations of life. When I first saw him he requested my certificate, to assist in procuring him a pension

from the East India Company, in whose service he had been for many years. This he obtained, and though I did not then think he would ever trouble them by living to receive it, from the improvement I now perceive in him (April, 1827), a very different result appears probable. At this period he was not only living, but materially better. By the use of the *enema* he keeps his bowels in healthy condition, though they are never relieved without severe straining and pain. The enlargement of the colon, at its commencement and termination, is very evident.

Sept. 1829.—This patient is still alive, and his general health and appearance are much improved; but he always has more or less of the enlargement in each groin. The case is an exceedingly interesting one; and I shall have great pleasure in showing the subject of it to any professional friend.

#### CASE XXIV.

*This case, written by the patient, will be found in many points a highly instructive one.*

“ In the autumn of 1823, while staying at Hastings, I was attacked with a violent pain in the right side, immediately above the hip. On

“ applying to a medical gentleman, he stated that  
“ he feared it was an attack of the liver. I ob-  
“ tained partial relief from the use of warm ape-  
“ rient medicine.

“ On my arrival at home, six weeks afterwards,  
“ I was attacked with a similar pain, which yielded  
“ to aperients and blisters. I remained tolerably  
“ well for two or three months, when a pain came  
“ on higher up in my side, so violent as to compel  
“ me to keep to the sofa; my medical friends con-  
“ sidered this a muscular affection, and I again  
“ obtained relief by the use of the former reme-  
“ dies. From this period I was subject to attacks  
“ of the last description every six weeks in various  
“ parts of my body, the centre of the stomach, in  
“ each side, and in the chest; so severe were they  
“ as to prevent my moving for a fortnight or three  
“ weeks together; my medical advisers, however,  
“ assured me that they were not of any serious  
“ consequence, and, as on their subsiding I felt  
“ tolerably well, I did not make myself uneasy  
“ about them, since, by the use of cupping, blister-  
“ ing, and violent aperient medicines, I experi-  
“ enced temporary relief.

“ In addition to these attacks, I now became  
“ subject occasionally to a violent cough, which  
“ induced me to take the opinion of Dr. ——,  
“ who attributed the whole of my complaints to an

“improper action of the liver; he prescribed for  
“me, and assured me that he saw my complaint  
“so clearly, that if I followed his prescription and  
“advice, he should not require to see me again  
“professionally. Under his treatment I remained  
“for a longer period than usual free from pains;  
“but they eventually returned upon me with as  
“much violence as ever. I was now recommended  
“to take a warm bath every night immediately  
“before going to bed; from this I obtained a little  
“sleep at night, although my sufferings during the  
“day were not diminished.

“Dr. ——, of ——, was at this time in London,  
“and at the request of a friend I consulted him.  
“His opinion confirmed that of Dr. ——, and I  
“acted under their advice for some months, with-  
“out gaining any ground. During this time my  
“cough became constant and irritating; and was  
“attended with night perspirations to a great de-  
“gree; yet I was still assured that my complaints  
“were not of a serious nature. I became, how-  
“ever, gradually weaker and weaker, until I could  
“not walk up stairs without assistance, nor could  
“I remain up for the whole day together.

“In August, 1825, I first consulted you; at this  
“time I was suffering from one of the most violent  
“attacks of pain I had ever experienced. You  
“stated it to be your opinion, that the whole of

“ my complaints originated in stricture of the rectum, and, on trial, ascertained the existence of the disease. Under your care, in the course of four or five months, I was relieved from a great portion of my complaints ; the violent attacks of pain left me entirely, my cough subsided, and the night perspirations ceased. I was still, however, annoyed by an unpleasant sensation in the centre of the stomach, and suffered great pain from a hard lump, situate just below my ribs on the right side of my body. To this, which you decided to be a tuberculated state of the liver, you now solely gave your attention. I continued for two or three months much in the same state ; a violent attack of diarrhoea and sickness at last ensued, which lasted for several days, and which reduced me to extreme weakness. After a confinement of about a month, I was enabled to leave my house, and since that time have been gradually proceeding towards recovery.

“ In closing this sketch of my complaint, I shall only further remark, that from the period of August, 1823, to August, 1825, I was a martyr to suffering ; never being perfectly free from pain, and my strength gradually giving way under the effects of the violent remedies resorted to. Since the latter date, making the necessary allowance for the period during which I was

“ under treatment, I have gradually improved in  
“ health, without once suffering an attack of the  
“ pain to which I was before so subject; indeed,  
“ my strength is now re-established. I am at this  
“ time blessed with what may almost be termed a  
“ perfect restoration to health and strength.

“ 29th January, 1828.”

#### REMARKS.

Nothing could be more unfavourable than the condition of this gentleman when he first consulted me; he laboured under great debility, almost constantly a difficulty of breathing, attended with pain in the chest and in the right side; he had profuse night perspirations, a distressing cough, and he expectorated pus. Upon my examining the abdomen, the distension of the colon was evident, its course being accurately delineated, and which he described, from its commencement to termination, as the original seat of his sufferings. The liver was enlarged, and tender to the touch, more particularly in the region of the gall bladder, at which point there was a hard lump of about the size of a pullet's egg, which was extremely painful. He suffered severely from pain in his loins, and in the region of the sacrum, and from cramp in his legs

and thighs. His bowels were irregular, never acting without medicines, and even then with pain and difficulty; and he voided blood and slime in his stools. He had constantly an itching around the orifice of the bowel. His appetite was good, but he had great pain in the stomach after eating even a light meal. I advised him to take a tea-spoonful of electuary every night, to use local bathing, and to throw up an *enema* every morning, also to live upon a milk diet.

Aug. 10.—He had taken the electuary twice at intervals of two days apart, and it acted comfortably upon his bowels. He had likewise used the *enema*, which invariably produced an evacuation; no bile passed in his motions. I advised him to continue the same plan, with the addition of five grains of Plummer's pill every other night.

Aug. 14.—His bowels had been each day satisfactorily relieved.

Aug. 24.—The bowels had acted daily without opening medicine, sometimes twice in the day; he felt more comfortable, and had not so much cough.

Aug. 27.—I this day examined the rectum, and discovered two obstructions, one at five inches, the other at the sigmoid flexure. I could only pass number three.

Sept. 1.—His bowels have acted daily either

with or without the *enema*; he said he thought himself better in every respect. I introduced the same bougie.

Sept. 8.—He had not been so well the last few days; the difficulty of breathing and pain upon inspiration were increased; the night perspirations were also very bad, and subsided in cold shiverings. His cough was troublesome, nor had his bowels been so regular. I passed the same bougie.

Sept. 10.—All his sufferings continued to get worse. *Detrahatur sanguis e brachio ad uncias viginti.*

Recipe, Pilulae Scillæ.

Extracti Hyosciami.

Pulveris Rhæi a a 3j.

Pulveris Antimoniales gr : xii.

Misce. Fiant Pilulae xii. Sumat unam, quartâ quâque horâ.

### Milk diet.

Sept. 11.—The bleeding appeared to have lessened the urgency of all his symptoms, and his pulse was reduced from 125 to 86; the blood was highly inflamed. I passed the same bougie, and advised him to continue the same plans. He had omitted to say that the day following that on which the last instrument was introduced, he had felt a numbness and pain all down his legs and thighs.

Sept. 17.—As he had some increase of difficulty of breathing and pain, I thought it proper to bleed him again.

Sept. 18.—He felt more comfortable. The blood was inflamed, but not so much so as before. I passed a bougie one size larger. *Continuantur medicamina omnia.*

Sept. 25.—He was much improved in health. I passed the same bougie, and advised him to continue the pills night and morning only.

Oct. 3.—He had continued to get better, having had little or no night perspirations for the last four nights; had less cough, and breathed more freely; had kept up the last bougie half an hour. To continue the same plan. I increased the size of the bougie.

Oct. 8.—He was in all points materially improved. I passed the same bougie, also one a size larger.

Oct. 11.—He continued to go on well; his cough and his expectoration were diminished. I passed the same bougie. From this period to,

Nov. 3, he continued to improve. At times he had a fit of coughing and expectorated a good deal, but he had not had a vestige of his night perspirations. He now suffered but little from pain any where, excepting in the tumour in the right side. His bowels acted every day fully and

freely, though he had not taken any aperient medicine. I advised him to be cupped in the region of the liver, and to discontinue all medicine. I this day passed number ten into the colon.

My patient continued in the same comfortable course for some weeks. He nevertheless had at times pain in the tumour; to relieve which, he was repeatedly cupped, and also bled from the arm. An issue was likewise made in both of his sides. Notwithstanding the loss of blood, and the rigid manner in which this good creature followed my advice of living entirely upon vegetable or milk diet, he gradually recovered his strength, and in about three months was so far convalescent that I sent him into the country, where he remained some weeks. Upon his return to London I was surprised at the improvement in his appearance. He really had scarcely a vestige of his former afflictions. I could barely feel the enlargement in the side, nor did pressure upon the part where the tumour was cause any material uneasiness. He had taken no kind of medicine, save occasional mild aperients, and alterative doses of blue pill. He used to call upon me occasionally for many months, and I had the satisfaction of seeing his health continued to improve.

Upon his return to London I permitted him to close the issues. After they had been healed about

a month, the attack of dysentery came on, of which he makes mention in the narration of his case, and which I was fearful would have terminated fatally. It subsided, however, upon the administration of large doses of opium and calomel. Within the last twelve months he has had one or two attacks of pain in the region of the liver, principally at the part which was so painful formerly; these have always yielded to the antiphlogistic treatment, mildly administered.

October, 1829.—I am happy to add, that this gentleman enjoys a most excellent state of health.

CHAPTER XII.

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*On Piles.*

ONE of the most frequent, and, if ever diseased action may be so considered, *salutary* consequences of stricture of the rectum is the formation of piles, than which an affection more common to all classes and ages of people could not perhaps be mentioned. So prevalent indeed is the disease in this country, that till it has proceeded to some considerable extent, persons rarely deem it requisite to consult their medical advisers upon the subject, but are content either to use the nostrums of some reputed quack, or such topical application as may be recommended by some kind friend, who has experienced relief from the like source. In the milder forms of piles, surgical attendance is not always necessary; too frequently, however, from protracted neglect, they become an equally formidable and painful malady.

A just consideration of the causes of any disease will be our best guide not only to prevent its occurrence, but likewise as to the method of treatment

we should adopt for its removal or alleviation ; let us therefore briefly enquire into the causes of piles.

Various as these will be found, they all tend towards the same results; viz. distension of the minute vessels of the mucous coat of the rectum, and enlargement of the hæmorrhoidal veins. Piles may therefore be produced by any circumstance, constitutional or mechanical, preternaturally exciting, or mechanically obstructing, the circulation in these particular parts. Thus they not uncommonly arise from an injudicious perseverance in the use of peculiar or violent purgative medicines, or excessive bodily exertion, particularly horse exercise ; hence, also, results the prevalence of the disease in persons accustomed to a sedentary mode of life, the preternatural warmth excited from the constant sitting position of the body promoting an inordinate action in the vessels of the lower part of the rectum ; while the want of a sufficient degree of exercise induces a torpid and confined state of the bowels, in a great degree assisted by a deficiency in the secretion of bile.

I believe the disease often arises, or is much increased, from the fashionable, yet extremely pernicious custom of sitting upon chairs with hair or stuffed seats. Patients, especially those whose occupations are of a sedentary description, should

accustom themselves to use chairs, the seats of which are composed of cane, formed into a network.

Piles will often be found in conjunction with an enlarged, or otherwise diseased condition of the liver, in either of which cases we usually find the venous circulation of the rectum to be more particularly affected, a circumstance physiologically explained, when we consider the immediate connexion which exists between the *vena portæ* and the hæmorrhoidal veins.

*But another and extremely prevalent cause of the disease will be found in a contracted condition of some part of the rectum,* which causes an accumulation of fæculent matter in the bowel ; this necessarily irritates it, and its mucous surface more especially ; while the perpetual straining which accompanies the desire to relieve the bowels, (the result of the accumulation) injects the minute vessels of the part, distends, and finally causes them to rupture ; hence arises the hæmorrhage generally experienced, more or less, by those who are subject to piles. Now it is not always judicious suddenly to correct this effect, for although it is a diseased action, it not unfrequently is the mode by which nature relieves herself, and it thus, perhaps, prevents the formation of a more serious disease. Through the same reason the hæmorr-

hoidal veins may become distended, which seldom burst, but enlarging, form permanent tumours in the rectum. This enlargement will continue to increase, provided the cause of the distension remains uncorrected, till, in extreme cases, the entire cavity of the intestine at its lower part, will be nearly obliterated. I recollect an instance of this kind, in which, from the distension of the haemorrhoidal veins, the finger could not be introduced beyond the first joint ; the patient was likewise the subject of *Fistula in ano*.

Another effect of irritation in the rectum is the coagulable lymph, which, from time to time, is thrown out upon the inner coat of the intestine, and between its muscular and mucous coats, which lymph, becoming organised, at last creates a mass of diseased superstructure, productive of intolerable pain.

The foregoing is, as I believe, a brief and simple, yet correct, narrative, both of the formation of piles, and of the haemorrhoidal excrescence ; and I next proceed to a few practical observations on the treatment of these diseases.

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## CHAPTER XIII.

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### *On the Treatment of Piles.*

THIS in great measure must necessarily depend upon the cause from which the disease arises. Should it be connected with any hepatic affection, we of course direct our efforts principally to restore the healthy state of the liver. Surprising relief will often be imparted from the loss of four or six ounces of blood at repeated intervals, according to the discretion of the medical attendant. This may be taken either from the arm or by the application of cupping glasses to the region of the liver; the latter is, perhaps, the most preferable mode. The application of leeches to the orifice of the bowel is a valuable remedy, in those instances when the tumours are situate ~~within~~ the sphincter; but when they are external to it, I have often found that more irritation is produced from the bites of the leeches than benefit from the quantity of blood which they abstract. Not unfrequently they induce great tumefaction of the parts, which seriously

aggravates the patient's sufferings. But in the cases of internal piles, especially those which are attended with any hepatic disease, the use of leeches will be found of great service, for they not only diminish the general volume of the blood, but, by unloading the vessels at the inferior portion of the alimentary canal, operate more immediately upon the affected parts. Evaporating washes to the parts are productive of comfort and utility. I prefer using these in a tepid state, for when they are applied cold, patients are oftentimes not sufficiently cautious respecting their use; either from inattention, or dislike to the momentary feeling produced from the application of cold, they permit the linen rag to get dry; hence an increase instead of a diminution of the local action ensues. The administration of medicine forms a most essential part of the treatment of the disease. It is well known that particular drugs (as for example aloes) exercise a peculiar action upon the intestinal canal; such description of medicines are therefore to be avoided; large doses of any kind of purgatives are improper; nevertheless the bowels must be kept regular, by the use of small doses of castor oil, confection of senna, milk of sulphur, or any mild description of aperient. The use of *enemas*, when the situation of the tumours admit of the ready introduction of the pipe, ought never to be

omitted; they not only lessen the local irritability of the parts, but sometimes, by removing the seulent collections in the intestine, supersede the necessity for any kind of aperient medicine. All violent exercise, particularly riding, must be abstained from. In those cases in which there is much distension of the hæmorrhoidal veins, one or more of them may be punctured with the lancet; by this method, some ounces of blood may be abstracted, which will afford instantaneous relief and comfort to the patient. I have never found any untoward result to ensue from this plan; furthermore, I am acquainted with a patient who has been in the habit of performing this kind of operation on his own person: a practice which, notwithstanding its successful issue, cannot be too strongly reprobated. These, together with a reasonable attention to diet, constitute the principle features to be observed in the ordinary treatment of piles. With the most cautious attention, however, the disease will not unfrequently progressively increase, till at last we are compelled to relieve our patient's affliction, by the means of operative surgery; and this brings me to the next division of my subject, viz. the Treatment of the Hæmorrhoidal Excrescence.

## CHAPTER XIV.

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### *On the Treatment of the Hæmorrhoidal Excrescence.*

In the former editions of this Essay, I ventured to express an opinion connected with the removal of this disease, which is somewhat at variance with the judgment of many individuals whose ability and professional character entitle them to more than ordinary respect: opinions, however, are valuable only in the degree that they can be supported by argument, or by facts.

It does appear to me somewhat extraordinary that the course of treatment adopted by those of the profession who have more particularly studied this subject, should be so widely dissimilar. While we find some authors recommending the removal of the hæmorrhoidal excrescence by excision, we read of others who advise, with equal confidence, its extirpation by the ligature. True it is, that by far the larger portion of those who, from their experience, may be counted valuable authority on the subject, are favourable to the operation by excision; thus, among the ancient

writers on surgery, we find it was adopted by Wiseman, Petit, Le-dran, Sabatier, as well as by many of the present day, such as Abernethy, Hey, —— Ware, Home, Kirby, and Dupetren. On the other hand, Mr. Pott, Sir Astley Cooper, Mr. Copeland, Mr. Howship, and others, practically acquainted with the subject, appear to favour the removal of the disease by the ligature.

With such a weight of evidence before me, it may, perhaps, be considered presumptuous to offer any decided opinion upon the subject. I believe, however, that although both descriptions of operation are occasionally liable to objections, that these not unfrequently originate either in the circumstance of the operation being injudiciously undertaken, or unskillfully performed; and that, if the subject is dispassionately considered in all its bearings, the weight of evidence will greatly preponderate in favour of the removal of the disease by excision.

To substantiate this position, let us suppose the instance of a surgeon being consulted by a patient suffering from an extreme case of the hæmorrhoidal excrescence. He inquires into the state of the patient's general health, and ascertains that he has not any enlarged or otherwise diseased condition of the liver; no stricture in the rectum, nor any organic affection to which the formation of the excrescences may be reasonably attributed. He

examines the part, and discovers one or more tumours originating in the rectum, and either protruding externally, or being within the sphincter. On what is he to found his judgment as to the removal of the diseased parts, by excision or by ligature? I should say not so much upon the size of the tumours and their extent of attachment to the rectum, as upon the condition of the hæmorrhoidal veins. When the tumours are *external* to the orifice of the bowel, there cannot, I think, be a question as to the manner in which we ought to proceed; since, as we are able to quell any hæmorrhage which may ensue, we have a perfect control over the only circumstance which (in this instance) militates against the operation by excision.

In the removal by ligature we shall have to encounter much local irritation, and not unfrequently severe constitutional disturbance, over which when it is once excited, we have a very limited control. Provided there are several tumours (a common occurrence) we shall be necessitated to perform several operations. The application of the ligature is usually extremely painful, its operation tedious, and not unfrequently incomplete, either from the ligature getting loose, or by reason of the base of the tumour being left, which forms a nidus for the return of the disease. The

treatment after the removal of the tumours is likewise protracted ; and, lastly, it is, I think, inapplicable where there is any material distension of the hæmorrhoidal veins.

Now the removal of the excrescence by excision is more expeditious, it is more complete, the pain is less, as is the danger either of local inflammation or of constitutional disturbance, the parts heal more kindly, and finally, when we are compelled to divide the enlarged hæmorrhoidal veins, the probable danger from hæmorrhage is not by any means so great as that which is to be apprehended from the constitutional and local disturbance which almost invariably follows the including of them in a ligature.

The application of ligatures to veins is, I think, one of the most uncertain operations in surgery. I have so often seen fatal results follow their use, that I confess I am not a little prejudiced against the operation; *and I believe that the failure of the removal of the hæmorrhoidal excrescence by the ligature is often referable to the injudicious manner in which the ligature is placed upon the enlarged hæmorrhoidal veins.*

A reasonable objection may be advanced against the operation by excision, in the division of the mucous membrane of the part; but I would fearlessly ask, Is the danger of inflammation from this

cause greater than that which is likely to ensue from the application of a ligature to the same part? I should think not.

So far as my experience has gone I can only say, that I have repeatedly performed the operation by excision with perfect success; occasionally, I have had to encounter hæmorrhage; but never to such an extent as to endanger the life of the patient, or indeed, even to be a source of serious apprehension. *I am inclined, therefore, to believe, that when bleeding ensues to any material extent, it is in those cases where the tumours are accompanied with an enlarged or otherwise diseased condition of the liver; with stricture of the bowel; or, such an unhealthy condition of the constitution as may give rise to an hæmorrhagic disposition in the vessels at the lower part of the alimentary canal; and, in the neglect of the due observance of any of which circumstances, not only the danger, but the unsuccessful issue of EITHER description of operation is very likely to originate.*

Prior to the removal of the hæmorrhoidal excrescence by any kind of operation we ought carefully to survey the various points to which I have alluded; *and above all*, we ought to examine into the condition of the rectum, for, in the early stages of piles, where the disease is accompanied with any contraction of the bowel, we shall often be able to miti-

gate the former by the removal of the latter ; I have seen many instances which confirm this observation, some few of which it may be of utility to detail.

### CASE XXV.

Mr. ——, age 32.] May 26, 1824.—Had been subject more or less, for years past, to attacks of dysentery and piles ; his general health was much impaired, particularly his digestive functions ; he suffered from pain in the region of the stomach after his meals, with a feeling of distension, and from acid eructations. His bowels were irregular, sometimes profusely relaxed, at others obstinately costive. He had been for a long period subject to cough, pain in his chest, and difficulty of breathing ; and, within the last three months, to profuse perspirations, occurring about three or four o'clock in the morning. His medical friends always considered him to have a disposition to consumption, of which disease his father and two of his brothers died.

June 2.—Upon examining the rectum with my finger, I discovered two or three soft tumours of the size of a hazel-nut, just within the sphincter ; they were not painful to any material degree. I then introduced a bougie, of the size of number

seven, fairly into the colon, encountering no impediment but at the sigmoid flexure, where the spasm and irritation were considerable ; he could only retain the bougie four minutes. I advised my usual plans.

June 8.—He had obtained satisfactory relief from the *enema* daily. I increased the size of the bougie.

June 12.—He said he felt more comfortable ; his bowels had acted better ; that his cough had been less troublesome than for months past ; and that he had not had so much of the perspiration at night. I passed the same instrument ; he had retained the last twenty-six minutes.

June 16.—He was in all respects better ; the bougie had remained up five hours. I passed number nine, it did not give him any great degree of pain. He had a severe cold.

June 20.—He had continued to improve ; had scarcely any cough, difficulty of breathing, or night perspirations, and his bowels acted twice daily without any kind of assistance. He was obliged to leave London for Manchester, where he resided ; I therefore gave him some bougies, requesting he would persevere in introducing them for himself.

July 25, 1825.—This gentleman called upon me. He stated, that since he had followed my

directions his health had been better than he ever remembered it; that he had never since experienced a single attack of dysentery or piles; nor had he been so subject to attacks of cough and difficulty of breathing, from which he formerly suffered. He had continued to use the bougie for himself once every three weeks or a month.

June, 1827.—He informed me that his health continued much relieved by the plan I had recommended him; he never failed to pass a bougie every fortnight, and was happy to say he had not suffered from piles, dysentery, or cough.

#### CASE XXVI.

Mr. ——.] August 11, 1827.—Had had for some weeks past a dull heavy pain in the region of the sacrum, extending down the side of the buttock and the thighs. About a fortnight since he applied to his medical friend, who gave him a liniment to apply to the part, which afforded some relief. After a few days the pain returned much worse, being more in one particular part, just at the orifice of the fundament, and so bad as to prevent his sitting, or taking the least exertion. A swelling made its appearance after a few days,

which gradually increased, and at last breaking, discharged a quantity of blood and matter. This relieved him much, and he considered that he was getting well. For the last few days, however, he had been troubled with the piles, and upon going to stool, a sort of bag appeared to come down, which caused him great pain.

Upon examination I found the rectum prolapsed; and one or two excrescences about the size of a horse-bean protruding at the orifice. Having reduced the part, I passed my finger into the bowel, but did not discover any other morbid appearance. I passed a probe about two inches up the sinus, the remains of the original abscess, which did not communicate with the bowel. To my inquiry, respecting the usual state of his health, he replied, “that it was uncommonly good, that he was subject sometimes to confinement of his bowels, and a little bleeding; either at the time of passing, or after he had voided his motions, but this he considered of no moment, as his apothecary had assured him it was the best thing that could happen for his health.”

I advised my usual plans; I also examined the rectum, and in this case discovered stricture at six inches, through which I could only pass number seven. After having introduced the bougie five or six times, I removed the excrescences with the

knife. No unpleasant results followed their removal. In a fortnight the parts were healed, as well as the sinus. I now resumed the use of the bougie, and in about two months he was able to pass number nine for himself.

### CASE XXVII.

Mr. ——, age 33.] March 12, 1824.—For many years past had been troubled with eruptions upon his face and body, particularly at the vernal and autumnal periods of the year. Within the last two years he had occasionally experienced attacks of piles, generally occurring when his bowels had been confined or immoderately purged. His motions were by no means healthy, being small in size and quantity, and evincing a deficiency of the secretion of bile ; for which latter affection, in conjunction with great debility of his digestive functions, he had consulted a variety of medical gentlemen, and for the last year and a half had been taking blue pill, with the view of correcting a torpid action of the liver, to which his annoyances had been attributed. At present, his general health was much impaired; he was debilitated, and the slightest exercise produced profuse perspiration. The eruption upon his face

was similar to that denominated pseudo-syphilitic. I advised him to discontinue the mercury, and to take half a pint of the compound decoction of sarsaparilla, with ten drops of nitric acid twice in the day; a table spoonful of castor oil every other morning; and to use an *enema* every night. I also recommended the examination of the rectum.

March 21.—He was much the same; the *enema* generally relieved the bowels. I examined the rectum with the finger, but did not discover any material morbid appearance. Upon passing a rectum bougie, I discovered two obstructions; one between five and six inches up, and the other at eight inches, through which I passed number four. To prosecute the same plan.

March 26.—The bowels had been each day relieved, without castor oil, of motions similar in appearance to sheep's dung. He had retained the bougie nine minutes. I passed the same readily, also tried to introduce number five, but failed in getting through the superior contraction; again passed number four.

March 30.—He had retained the bougie two hours and forty minutes, when, feeling an inclination to pass a motion, he removed it, but nothing followed its removal; the *enema* plentifully relieved his bowels, he had not therefore taken any castor

oil. I passed number five, also number six with little trouble. To discontinue the decoction.

May 5.—He had retained the bougie fifty-seven minutes, and was in all points more comfortable. I passed the same, also number seven, with scarcely any trouble.

May 10.—He was better, having passed both yesterday and to-day figured stools, of a size larger than ever he remembered. He had very little of the eruption. The bougie remained up fifty-four minutes. I passed the same, also number eight; it gave him some pain at the superior contraction.

May 15.—He was going on well. His bowels continued to act daily without medicine or the *enema*, and the motions were healthy as far as regarded the secretion of bile. I passed the same bougie, which had remained up for four hours and a half.

May 20.—He had retained the instrument twenty minutes, when he withdrew it to pass a motion; had had a good deal of griping pain in the bowels for the last three days. Had also a severe cold. I passed number nine. I encountered a good deal of irritation at the sigmoid flexure, but after some trouble, succeeded in getting the bougie fairly into the colon.

May 25.—He had retained the bougie one hour

and fifteen minutes. He continued to go on favourably. The eruption was nearly gone ; the bowels acted fully and freely every day without medicine or the *enema*, and his general health was much better. I passed number ten ; there was still much irritation at the sigmoid flexure. I now took my leave, recommending the occasional introduction of the bougie, together with attention to his diet, and to the state of his bowels.

Sept. 6.—This patient informed me his health had continued better than he remembered it for years ; the eruption had totally disappeared ; his bowels acted freely without any kind of assistance ; nor had he suffered from piles since the period I ceased to attend him ; he never permitted a month to pass without introducing number ten, which he accomplished without the least difficulty.

### CASE XXVIII.

*This case, written by the Patient, illustrates the variety of effects which may result from Stricture. It shows also the inefficiency of the mode of examination by sounding the Rectum ; and the extent to which Stricture is sometimes overlooked.*

“ In the latter end of August, 1825, I felt a “ shooting pain near the upper part of the sacrum,

“ inclining to the left side, which increased after  
“ taking more exercise than common, as well as  
“ after going to stool; this continued at intervals  
“ for some days, and upon my return to town,  
“ the beginning of September, I consulted Mr.  
“ ——, who considered it a rheumatic affection;  
“ he gave me aperient medicines, with a liniment,  
“ to rub on the part affected three times a day.  
“ This plan, however, did not appear to be of any  
“ service; on the contrary, after a few days, the  
“ shootings became more severe, and extended  
“ through the buttock of the left side, and from  
“ the upper part of the division down to the anus,  
“ at which point I had a constant gnawing pain.  
“ I now began to experience great difficulty in  
“ walking, being unable to extend my legs to their  
“ proper extent, and, in attempting to cross over  
“ some vessels, I caused myself considerable pain.  
“ Under the advice of the same medical friend, I  
“ was cupped, loosing fourteen ounces of blood.  
“ This afforded me relief for a time, but in two  
“ or three days the irritability and the shootings  
“ returned as bad as ever. Mr. —— now made a  
“ seaton in the region of the sacrum, which was  
“ kept open ten days, but the irritation from the  
“ wound was so great, that the tape was removed;  
“ the sore, however, was a long time healing, but  
“ by constantly poulticing it for six weeks, it got

“ well. It afforded me relief, bat it was only temporary. I was now recommended to consult —, who examined the rectum with the finger, and said there was nothing wrong in the bowel. He advised small doses of Dover's powders three times a day, with injections of twenty drops of laudanum in half a pint of warm water night and morning, together with change of air. Accordingly I went into the country. These powders made me very costive, and I was obliged to take castor oil every other day. After three weeks I contracted the small pox, from inoculation, from my sister, although I had had the cow pox when young, and been inoculated when I was fourteen years of age for the small pox, which did not take. During the time I had the small pox I did not experience so much pain, but as soon as I got rid of it, my sufferings were as bad as ever. This was in the beginning cf January, 1826; when I returned to town, and consulted —, who advised me to continue the injections, and to apply Belladonna ointment round the orifice. This soothed, in some degree, the constant gnawing pain about the part, as well as the shootings. After continuing this treatment about a month, I was recommended the application of a dozen leeches once a week to the division of the buttock. These were applied four

“ times, but did not do me much service. I now  
“ consulted Mr. ——, who examined the rectum  
“ with his finger, also sounded it with an elastic  
“ tube, having a ball at the end; he said he could  
“ discover no obstruction in the rectum (though  
“ the examination caused me acute pain, particu-  
“ larly in withdrawing the ball); nor was there any  
“ organic complaint. He attributed my sufferings  
“ to an affection of the nerves, and advised the ap-  
“ plication of moxa, which was used six times, the  
“ last, on the centre of the back bone, about three  
“ inches above the sacrum. This created a sore,  
“ which was kept open and discharging for a fort-  
“ night. At first, the moxa appeared to reach the  
“ affection more than any of the former reme-  
“ dies, but they soon produced severe spasmodic  
“ actions in the legs, arms, and body, causing con-  
“ stant pulsations and shootings of the nerves and  
“ muscles. I was now recommended to go to the  
“ sea-side, to use a cold shower bath every morn-  
“ ing, and to take tonic medicines twice a day;  
“ my bowels now became costive, and I was  
“ obliged to take aperient medicines daily. The  
“ shower bathing having in a great measure rein-  
“ stated my nerves, I left it off, and took a dip in  
“ the sea every day; this I continued to do till  
“ October, when, one morning at the water-closet,  
“ I felt something give way as it appeared in the

“ lower and front part of the abdomen, and which  
“ was immediately followed by a considerable dis-  
“ charge of matter from the orifice. At this period  
“ (the middle of October) I returned to town, and  
“ after having given Dame Nature a chance for  
“ a month, again becoming worse, I applied to  
“ Mr. ——, who pronounced my complaint to be  
“ a local tumour in the bowels. He advised  
“ mild aperient pills, with injections of a pint  
“ of tepid water every morning; these relieved  
“ the bowels regularly, and lessened the pains  
“ in the front part of the abdomen, but I did not  
“ experience much relief in the shooting pains in  
“ the sacrum and down the thighs. After follow-  
“ ing his advice for some time, I determined to  
“ apply to you.”

#### REMARKS.

This patient, whose brother I had attended for stricture in the rectum, consulted me,

March 16, 1828.—He was in a very bad state of health; suffering from pain in the region of the liver, and between his shoulders, across the upper part of the abdomen, in the situation of the bladder, and in the groins. He also experienced a deeply seated pain in the centre of the sacrum, extending down to the *os coccygis*, very

often into the thighs and knees, and occasionally down his legs, so as to prevent him moving them to their full extent. His bowels were confined, not being relieved for two or three days together, unless he took some kind of opening medicine, or gave himself an *enema*, and the motions he voided were of a small size. Occasionally he experienced a very curious sensation in each of his temples, feeling as if his head was distended in that part; this sensation he generally noticed to come on when his body had been confined for some few days. His countenance was sallow, and he had the aspect of a man suffering from jaundice.

Finding that he had been using the *enema* for many weeks, and taking mild aperient medicines, I proposed to him the immediate examination of the rectum. Upon introducing a bougie of very small size, I found that the bowel was so irritable, that he could scarcely bear its introduction; there was extensive contraction at five inches, and at the most superior part of the rectum. Upon the instrument passing the contracted parts, he immediately exclaimed, "Those are the places at which I have always felt so much pain, and it was at the first of them that the ball hurt me so much when Mr. —— examined me before." Upon withdrawing the bougie, after he had retained it a very few minutes, it was indented precisely like a bougie which had

lain in a stricture of the urethra. I advised him to take a tea-spoonful of the electuary, or such a portion of castor oil as might be necessary to relieve his bowels once daily; to continue the use of the *enema*, to use local tepid bathing night and morning; and to take five grains of the Plummer's pill every other night.

March 22.—He had been going on much as usual; some matter had passed in his motions. I introduced the same bougie, but with difficulty, it gave him a great deal of pain in passing through the upper contraction. He retained it twelve minutes. To prosecute the same plan.

March 26.—He said if any thing he thought himself rather improved; that he had not had so much pain down his legs; but that the old place in the sacrum had annoyed him a good deal. His bowels had been satisfactorily relieved by the *enema*. I passed the same bougie, with less trouble; and also one of a larger size, with as much difficulty as I experienced when I introduced the first. During the time it was in the rectum, he experienced the feeling of distension in his temples. To continue the same treatment.

Recipe, Sodæ Carbonatis gr: viij.

Pulveris Calumbæ gr: x.

Pulveris Zingiberis gr: iiij.

Pulveris Rhæi gr: iii.

Misce. Fiat pulvis, bis in-dies sumendus.

April 3.—He was much the same. I passed the same bougie ; also attempted to introduce one of an increased size, but failed in doing so. To proceed in the same manner.

April 7.—He considered himself somewhat improved ; had not the feeling of distension across his stomach, nor had he had so much pain in his shoulder ; he thought likewise that he could move his legs with less difficulty. I passed the same bougie with tolerable ease, and after some time succeeded in getting up one a size larger. He retained it twenty-five minutes. To continue the same plan.

April 12.—He said he thought himself a shade better. He had had a trifling discharge of matter from the rectum. I passed the same bougie.

April 16.—He considered himself better ; had less pain about the sacrum and thighs ; had not passed any matter in his motions, and he thought he could walk better. I passed the same bougie, and subsequently increased the size ; but I experienced great difficulty in so doing. To continue the same plan. This case proceeded in much the same manner during the following month ; and, on

May 16, I was able, after great trouble, to pass number seven into the colon. He always complained of the peculiar throbbing sensation in his temples while the bougie was in the bowel. To

my question of what he thought of the state of his health at present; whether he had gained much ground during the last month; he replied, “ I do not think I have as to my legs; but the pains in my loins, and the various parts of my body, are certainly lessened very much, and my bowels act more regularly.” He went on much in the same way for the next fortnight, when I advised him to rub in the tartar emetic ointment on the region of the sacrum, till it should bring out a good crop of pimples. I also introduced a bougie of a larger size; it did not give him so much pain as before, nor was the obstruction very great, excepting at the upper contraction. No material new features arose in this case during the following three weeks. I used the bougie once every five or seven days, as circumstances permitted; sometimes I could pass it comfortably, while at others, its introduction gave him great uneasiness, nor could I increase the size of the instrument.

June 27.—I at last succeeded in passing number nine. As usual it gave him great uneasiness in his temples. His health and general appearance were now evidently improved; he had very little of the pain in the sacrum; could walk with more comfort, nor did he suffer much from the pains he experienced in various parts of his body. His bowels acted comfortably, and sometimes he passed motions of a good size.

June, 1829.—I continued to attend this patient for several months; and after some time I was enabled to pass number ten with little or no inconvenience to him. His bowels gradually became better and better, till at last they acted perfectly as he could wish; nor was there any morbid discharge from them. His legs also improved, though very slowly, and the pains in his knees were much diminished. Yet he frequently felt a pain in the region of the bladder, which was attended either with difficulty or a frequency of making water. I therefore examined the urethra, and discovered a contraction of the orifice, which was accompanied with stricture in the bulb and at the neck of the bladder. Having removed the former affection by operation, and the latter by the use of instruments, he in the course of three months was convalescent. And I am happy to add, that at this present period he may be considered nearly well.

The next case will be found in many particulars highly instructive. It well illustrates the connection of piles with stricture in the rectum, and the benefit which was produced by the division of the sphincter externus; in the morbid condition of which part, I think the whole of this patient's sufferings originated.

## CASE XXVIII.

“ September 26, 1829.

“ MY DEAR SIR,—Agreeably to your request, I forward you the prominent features of my case. “ I am forty-three years of age, twenty of which have been passed as a medical officer in his Majesty’s service; during which period my health has been, generally speaking, tolerably good; the only exceptions being occasional giddiness in the head, and an irregular state of the bowels, to remove which I was in the habit of using mild aperient medicines, which relieved me from time to time. I had no particular reason to complain until March, 1826, when I was attacked with haemorrhoids, the almost incessant pain of which for six or seven weeks was excruciating, particularly after evacuating the bowels, when it positively amounted to torture.

“ I adopted the usual routine of practice in such cases, and in about three months the extreme violence of the symptoms gradually softened down to comparative ease; and, in the course of a short period, I felt myself tolerably free from the truly distressing disease: I can only say *tolerably free*, because I still experienced a certain degree of uneasiness in voiding my motions, the

“sphincter ani muscle having the sensation of  
“being morbidly contracted, with a degree of  
“rigidity about it which I had not before observed.  
“I now paid more than *usual* attention to the state  
“of my bowels; and as I found the least tendency  
“to constipation invariably increased my uneasy  
“sensations to positive pain at the orifice of the  
“rectum, I kept myself almost constantly under  
“the influence of laxative medicines.

“In this state I continued with but trifling varia-  
“tion up to September, 1828, when, on my return  
“from Margate, where I had been a short time for  
“the advantage of sea-bathing, I again became a  
“sufferer from an attack of piles, accompanied, I  
“think, (if possible) by greater distress than I had  
“before experienced; indeed, so excessive was  
“the torture (for I can call it nothing less) that I  
“feared it would exceed the bounds of human  
“endurance; the bare recollection of it, even at  
“this time, is painful to me.

“I consulted various medical friends, was leeched,  
“fomented, sulphurised, and, in fact, went through  
“the general course of palliatives, but with little  
“mitigation for eight or nine weeks, when, as  
“before, the extreme violence of the disease sub-  
“siding, I gradually obtained ease, and was in the  
“hope I should be ultimately freed from every  
“unpleasant symptom.

“ In this agreeable anticipation, however, I was  
“ disappointed ; for at the expiration of between  
“ four and five months from the commencement of  
“ this attack, though I adopted every emollient  
“ and soothing plan that could be suggested, to  
“ relax the contracted and rigid state of the sphinc-  
“ ter-muscle, it continued as bad as ever, in addi-  
“ tion to which, there was now a slight discharge of  
“ matter from the rectum ; much increased by  
“ exercise, painfully excoriating the part, even  
“ with the utmost attention to cleanliness, and  
“ accompanied at times by shooting pains over the  
“ nates.

“ I now began to imagine the worst ; became  
“ disheartened and depressed ; my constitution  
“ naturally good, perceptibly gave way, and my  
“ friends were seriously alarmed at my situation.  
“ It was clear the untoward symptoms I laboured  
“ under were not to be overcome without the  
“ adoption of some more efficient means. I was  
“ satisfied that other aid was necessary, and I de-  
“ termined, previous to any further consultation  
“ on my case, to peruse attentively the various  
“ authors who had written upon the diseases of  
“ the rectum. In the course of this perusal, I  
“ had the gratification of reading your work, and  
“ I at once decided on requesting your advice ;  
“ this I had the satisfaction of obtaining about the

“ latter end of last March. A week or ten days  
“ prior to that period, a small fistulous opening  
“ had taken place at the upper portion of the  
“ verge of the orifice, near to which also was a  
“ large external haemorrhoid, which I have hi-  
“ therto omitted to mention.

“ Upon your making a very minute and careful  
“ examination of the rectum, and passing with  
“ some difficulty, and considerable pain to myself,  
“ a number seven bougie, you ascertained there  
“ were two strictures, one, I think, about five and  
“ a half inches up, the other at the summit of the  
“ rectum.

“ From the rigidity of the sphincter, and the  
“ severe pain I experienced from its powerful  
“ contraction while you were introducing the  
“ bougie, you intimated that the division of that  
“ muscle would most probably be necessary, be-  
“ fore permanent relief would be effected.

“ The treatment you adopted was the occasional  
“ application of leeches to the orifice of the  
“ bowel, tepid bathing, an *enema* night and morn-  
“ ing, five grains of Plummer's pill, with one of  
“ ipecacuanha every other night at bed-time, cas-  
“ tor oil as might be necessary, and, the introduc-  
“ tion of the rectum bougie twice a week.

“ This plan was steadily followed for a fortnight,  
“ when the pill was omitted. The application of

“ the leeches at first produced a trifling degree of  
“ relaxation of the sphincter, but they soon failed  
“ in producing any kind of advantage.

“ By the latter end of April the size of the  
“ bougie was increased to number nine: the *enema*  
“ was now used but once in twenty-four hours, the  
“ castor oil had almost become a dead letter, the  
“ bowels being rendered sufficiently active by the  
“ *enema* solely, which generally brought away  
“ large quantities of brown mucus; and my  
“ health was evidently improving.

“ This mode of treatment, with but little altera-  
“ tion, was continued until the beginning of June,  
“ at which period my general health was greatly  
“ improved, my bowels had become regular, act-  
“ ing diurnally without even the aid of the *enema*,  
“ which had not been used for some days past;  
“ the bougie had been increased in size to number  
“ ten, and passed less frequently; but the con-  
“ tracted and rigid state of the sphincter remain-  
“ ing unaltered, and occasioning great pain upon  
“ every introduction of the bougie, you stren-  
“ uously advised a partial division of the part,  
“ together with the opening of the fistulous sinus,  
“ and the removal of the hæmorrhoid, to which I  
“ am happy to say I unhesitatingly consented.

“ The bougies were now laid aside, the rectum  
“ was for a few nights smeared over with an

“ ointment, composed of opium and spermaceti oint-  
“ ment, and on the morning of the operation the  
“ bowels were well operated upon with castor oil.

“ On the 9th of June you divided the sphincter,  
“ laid open the fistulous sinus, and removed the  
“ haemorrhoid, during which operations, I be-  
“ lieve scarcely an ounce of blood was lost; a  
“ short plug, of the size of a number twelve bou-  
“ gie, was then introduced between the divided  
“ portion of the sphincter, and retained between  
“ eight and nine hours, when the removal of it be-  
“ came necessary on account of its creating much  
“ local, as well as general irritation; a dilator  
“ made of lint was then introduced, from which I  
“ experienced no material inconvenience.

“ On the third day after the operation, the  
“ bowels not having been relieved, an ounce of  
“ castor oil was taken, and although it produced  
“ two copious evacuations, *I found I had the power*  
“ *of retaining them (even under the then existing*  
“ *circumstances) AS WELL AS EVER.*

“ From this period I felt no further inconve-  
“ nience. On the fifth day from the operation I  
“ walked to your house to be dressed; and by  
“ the middle of July the wounded parts had all  
“ healed, since which time, *I thank God, my health*  
“ *has been excellent.*

“ My bowels now act daily, naturally, and freely,

*“ and totally void of every uneasy sensation : nor  
“ have I ever had occasion to take a laxative  
“ medicine of any kind since the castor oil, the  
“ third day after the operation.*

“ Thus, my dear Sir, I have given you a faithful  
“ detail of the leading features of my case, and in  
“ grateful recollection of your uniform kindness,  
“ and of the fortitude afforded me by the urbanity  
“ of your treatment, under every pressing exi-  
“ gency during the course of my cure,

“ I remain, my dear Sir, with unfeigned respect,  
“ Yours faithfully and much obliged,

“ \_\_\_\_\_.

“ F. Salmon, Esq. Surgeon.”

## CASE XXIX.

An unmarried lady, aged 34, consulted me 26th April, 1828. She had been an invalid for the last twelve years; suffering from costive or greatly relaxed bowels; from occasional attacks of retention or incontinence of urine, more generally the latter. She was often irregular for two or three months together, and seldom passed a week without an attack of violent head-ach. Her appetite was bad, and she suffered from indigestion and flatulence after her meals. Such was the account

she gave me of her sufferings ; independent of which, she had been for the last six years afflicted with a severe prolapsus of the bowel, which always came down after each attempt to relieve her bowels, and usually bled a good deal. Within the last four months this had been so much worse, that she was often alarmed from the quantity of blood which came away ; and she sometimes could not get the bowel back again.

Upon my examining the part, I was surprised at the extent of the prolapsus ; it was full two inches in length, and a large portion of excrescence grew around the inner edge of the sphincter. I expressed my astonishment that she had not had some kind of operation performed at an earlier period. To which she replied, “ Why what could I do, my “ dear Sir, I consulted my medical friend, and he “ always told me it was of little consequence ; and “ that the bleeding would do me more good than “ mischief. I also consulted Mr. ——, who told “ me he would not advise me to have any thing “ done to it, that there would be great danger to “ my life if I did.” Certainly a more unfavourable case I had seldom seen ; for exclusive of the disease in the rectum, I discovered by examination, that there was a material enlargement of the liver.

I recommended the daily use of the *enema* with

twenty drops of laudanum ; from eight to twelve leeches to the orifice twice a week, alterative doses of blue pill, and a mild dose of the milk of sulphur, every night at bed time.

On the 8th of May I examined the rectum with a bougie, and discovered a stricture at seven inches ; which admitted of the introduction of number five only. I advised her to pursue the same plan, with the addition of some stomachic medicines after each meal, and I continued to pass the instrument, and to gradually increase the size of it till I was able, on the 6th of June, to introduce number eight. Her health was now better, she had less trouble in passing her motions ; her bowels were improved in regularity, she required less aperient medicine, and she had not so much bleeding when they were relieved. She was anxious, however, to have the prolapsus and the excrescences removed.

On the 16th I performed the operation by excision. When I commenced it, I intended to remove only a portion of the part ; but as I found that a very trifling haemorrhage ensued, I thought it expedient to complete the removal of the diseased parts. No untoward symptom occurred for three days, when, upon her bowels being relieved, a considerable bleeding ensued. This result oc-

curred each time she passed an evacuation for ten or fifteen days; but as it gradually became less and less, I merely advised her to use the *enema* more frequently.

On the 3rd of July I recommenced the use of the bougies. I found, however, that the contraction from the *cicatrix* prevented my introducing a bougie of a larger size than number six, and even this gave her much uneasiness. I therefore procured for her some plugs, of various sizes, the smallest of which was of the diameter of a number seven bougie. She introduced one of these an hour previous to my visit, also daily; by which course the contraction consequent upon the operation was so far relieved, that I was speedily able to pass the same bougie I introduced prior to the removal of the prolapsus.

On the 12th of August I passed number ten. Her health was now, to use her own words, "quite another thing." She had no kind of irritability of the urinary organs. She had taken no opening medicines for nearly three weeks, yet she had had daily evacuations from the bowels; she passed no blood in her motions, which were improved in every respect. In the course of a fortnight she left town for her residence, a very considerable distance in the country.

## CASE XXX.

—, Esq. age 40.] June, 1826.—Had been for many years subject to confined bowels, his motions passing with difficulty and pain, or profusely relaxed. He was frequently subject to haemorrhage from piles of many years standing. His digestion was impaired, and he was distressed with pain in the stomach, and in the course of the colon, after eating the slightest meal. He had also a discharge from the urethra, which had existed several months. *Two of his brothers had been attended for stricture in the rectum; his sister had been the subject of frequent miscarriages, and his mother died of disease of the uterus; having for years previously been subject to extremely confined bowels; during the latter period of her life, she commonly passed a week and ten days together without voiding any evacuation.*

Upon examining the rectum immediately after the bowels had been relieved, I found a considerable mass of piles, a portion of which I removed by the knife. When the parts were perfectly healed, I passed a bougie, and discovered a stricture at seven inches and a half, through which I passed number seven with difficulty; its introduction

caused a good deal of irritation, and a disposition to go to stool. I advised my usual plans.

My patient being unexpectedly sent for out of town, I lost sight of him for above six months, when he again called upon me. His health was unquestionably better; he had used the *enema* every now and then, which usually relieved his bowels; the discharge from the urethra had disappeared soon after he left town, but the haemorrhage from the rectum had been frequent and profuse; he had also had two attacks of retention of urine, both of which he relieved by the use of the *enema*. I passed rectum bougies for this gentleman for about six weeks, when I left the case to his own management.

Dec. 26.—He said his health was considerably benefited; he seldom had any haemorrhage, and the functions of the bowels, though not always regular, were far more so than formerly.

#### CASE XXXI.

Miss ——, age 16.] May 24, 1824.—This young lady was considered to be fast sinking in a decline; she had a short hectic cough and a difficulty of breathing, accompanied with pain in the chest. Her health was in every respect much impaired; she

was emaciated, and suffered from extreme debility ; her appetite was bad, her rest disturbed, and she had severe night perspirations. For some time past her bowels had been irregular, being occasionally confined for two and three days together, and then again relaxed. At this period she passed almost daily "a considerable portion of membranous substances in her evacuations, with a vast deal of blood, attended with great heat and soreness, and with a prolapsus of the rectum. Her pulse was small and frequent. The *menses* had never appeared.

After a fortnight or three weeks' attention to this case, I examined the bowel ; the lower part was in a state of ulceration, the mucous coat feeling irregular and indurated. I also discovered, by examination with the bougie, an obstruction at the sigmoid flexure, through which I could with difficulty pass the smallest size ; when withdrawn, the lower part was smeared over with a very offensive discharge. I continued my attendance for nearly two months, and persevered in the use of the bougie, increasing the size of the instrument every seven or ten days, till I could use number six, giving her no other medicine than a little infusion of rhubarb to assist the action of her bowels. She very slowly became better ; her appetite increased ; she lost her perspirations and cough, and

recovered her strength. The bowels, however, were scarcely ever relieved without using the *enema*. This circumstance, and the appearances of the bougies, combined, induced me to augur no very favourable result of the case. The instruments were always covered with an offensive discharge, and their introduction followed by an evacuation of the same description. She had several attacks of dysentery, when I always desisted from passing the bougie, and administered an *enema* of lime water twice or three times daily; which, in conjunction with astringent medicine, soon corrected the attacks. After a protracted attendance, I sent her to the sea coast, where she took tonic medicines, using, likewise, the *enema* daily; and in the course of a couple of months she returned to town in an improved state of health. The greatest annoyance which she experienced was the pain in her loins, which extended round to the left groin; her bowels were still confined, but she had scarcely any of the offensive discharge in her motions for many months. As she was so much improved, I took my leave, requesting her to continue the *enema*, to be strictly attentive to her diet, and to the functions of her bowels.

Nov. 17, 1825.—She again sent for me. Her health had been better upon the whole, but she could not manage to get her bowels at all regular;

for some days past she had suffered from hæmorrhage and discharge, and from acute pain in the rectum ; she had likewise some difficulty in passing her water. I advised an *enema* every six hours of tepid gruel, containing twenty drops of laudanum ; also castor oil every morning.

Nov. 18.—A profuse discharge had come on, of the same description as that she suffered from when first I saw her, bringing with it a considerable quantity of blood ; she complained of burning pain upon passing the contents of her bowels. To prosecute the same measures.

Nov. 20.—She was rather more comfortable. To omit the oil, and to continue the *enema* every night.

Nov. 22.—She was again tolerably tranquil.

Nov. 26.—She was better, but each discharge contained more or less of the same fleshy substance. I passed a bougie of the same size as that I last used, number six ; there was no increase of the contraction, yet the passing of the instrument through the sigmoid flexure gave her great uneasiness, so much so, that I did not deem it prudent to repeat its introduction. By perseverance in the same plan as before, in the course of six weeks she was again convalescent.

Nov. 1826.—This young lady had had several attacks of the same description, all of which yielded

sooner or later to the plans advised. At that period she was just recovered from a severe illness ; the debility of her lungs had entirely left her ; for many months past she had not had any cough or difficulty of breathing, and her bowels were in a far better state than when she first consulted me ; but she suffered every now and then, though in a trifling degree, from piles.

Sept. 1829.—I am happy to be able to add, that this patient's health is most materially improved ; she now scarcely ever suffers from any kind of indisposition.

### CASE XXXII.

Mr. ——, age 23.] March 28, 1825.—For three years past had been afflicted with indigestion, attended with irregular bowels ; he frequently passed many days together without their being at all relieved ; was subject to head-achs, and at times experienced a dull heavy pain about the loins, which was generally followed by a discharge of blood ; lately, after riding in a carriage or on horseback, he had been annoyed by a peculiarly offensive discharge from the rectum, about the orifice of which part, which was often prolapsed, he had considerable heat and irritation, with se-

veral trifling sores. Upon examining the rectum with the finger, I found the lower part in a state of ulceration; and at the back part, just within the orifice, there were two tumours of the size of a hazel nut. I also examined the rectum with a bougie, and discovered a stricture at eight inches, through which I could only pass the smallest sized bougie. Even the introduction of this gave him great pain.

The treatment of this case, like the preceding, was tedious; the irritability of the bowel not permitting the use of instruments more often than once in seven or ten days; indeed though my attendance was continued for nearly four months, I could not succeed in passing a bougie larger than number seven; sometimes I could not get even the smallest instrument into the colon. Great portions of membranous substances came away daily after the use of the *enema*, and he passed considerable quantities of blood with each evacuation. After a protracted and cautious attention of many months, his health improved, and all the unpleasant symptoms were lessened. Upon examining the rectum with the finger, I found the tumours were considerably diminished in size, and not at all painful to the touch.

April, 1827.—He was in much better health, particularly as respected his digestion; nor did he

experience any thing either of the hæmorrhage, or the discharge from the rectum; but his bowels were often confined. He had used the *enema* almost daily, and occasionally passed an instrument of the size of number six.

### CASE XXXIII.

—, Esq. age 28.] Jan. 7, 1823.—I had formerly attended this gentleman many mouths for stricture in the urethra. Two days prior to his present application to me, he perceived a discharge of bloody matter in his motions. His general health was much deranged; he had almost constant pain at the back part of the head, in the loins, and the lower part of the back; his bowels were also confined. He had suffered from piles, more or less for years past, which he attributed to his sedentary employment, being a member of the legal profession; he commonly had a prolapsus of the rectum; he likewise experienced a difficulty in making water. I advised an *enema* every night, and castor oil occasionally. He continued much the same for twelve or fourteen days, when the irritability of the bladder was so much increased, that he requested I would examine the rectum.

Feb. 16.—I discovered a stricture six and a half inches up, through which number seven passed with some degree of difficulty. To continue the same plan.

Feb. 19.—He said he felt better. His bowels acted freely both yesterday and to-day, but he had passed a good deal of blood; he had not so frequent a disposition to pass his water. I used the same bougie.

Feb. 26.—He had a severe cold. The bowels had acted daily, the last two days without any castor oil; the discharge from the rectum, as well as the irritability of the bladder, were less. He had retained the bougie forty-five minutes. I passed the same bougie, also number eight.

March 8.—He was in every respect improved. I passed the same bougie. He had retained the last twenty minutes.

March 15.—He continued to improve in health; had had a good deal of bleeding from the rectum, which he said he believed resulted from his having taken an immoderate quantity of wine. I passed the same bougie without any difficulty; afterwards number nine.

March 20.—He was improved in every respect; had scarcely any discharge from the rectum, and his bowels acted twice every day, without either

medicine or the use of the *enema*. I passed the same bougie; the last remained up five hours and a half, when he took it away to get rid of it.

March 25.—He said he was perfectly well; that he suffered no annoyance of any kind; that his motions passed comfortably every day, and of a size larger than the instrument I introduced. I took my leave, advising him to use the bougie for himself.

April 16.—He had remained in good health; had had no bleeding from the bowel. He had used the bougie once.

July, 1824.—This patient informed me he had had most excellent health ever since I had attended him. For some little time he used a bougie, but finding his bowels acted regularly, he had omitted to do so for the last six months.

#### CASE XXXIV.

James M. a porter to an ironmonger.—“ As “ he was beating nails about two years and a half “ since, he felt something protruding at the funda- “ ment. He applied to a surgeon, who gave him “ some ointment to rub upon the part; this he “ used for some time, but the part still came down “ after any exertion, or when he went to stool;

“ and after a few months it always remained down. “ He now applied to another surgeon, as the part “ was down to the extent of full two inches, and “ he could not get it back himself. His surgeon “ reduced it, and told him to wear a bandage to “ keep it up. This he did for some months, but “ it gave him great pain, and the part always “ came down, and that worse than ever when he “ went to motion; it likewise bled very much. He “ now applied to a hospital surgeon, who told him “ to wash the part with a lotion of alum water “ three or four times a day; which plan he fol- “ lowed up for some time, but he did not get any “ better.” After applying to various medical gentle-  
men, on the 1st of June, 1828, he consulted me.

Upon my examining the part, I found the rectum prolapsed, and an excrescence about the size of a pullet's egg, growing from that portion of the mucous coat, which, (when the bowel was reduced) lay just within the sphincter on the left side. His general health was good, save that he never passed a motion without taking some kind of medicine; and he always voided some blood and slime in his stools.

Examination in this case discovered obstruction high up in the bowel, which admitted of the introduction of number seven only. After about a month's attendance I was able to pass a full sized

instrument. My patient was greatly better in health; nor did he suffer so much from the local affections; yet as it was evident they would not get well without some kind of operation, I removed, by excision, the whole of the prolapsed portion of the mucous membrane of the bowel, together with the haemorrhoidal excrescence. No material bleeding, or any untoward symptom followed, and on the 21st of July I was able to again introduce the rectum bougie. His bowels were now daily relieved without any kind of medicine, and he did not pass any blood in his motions; but he was compelled to strain a good deal to empty the bowel. By the introduction of a plug of the size of a number ten rectum bougie, daily, this annoyance, which had been produced from the cicatrix of the wound, was speedily removed; so that on the 11th of August he took his leave of me, perfectly free from any kind of annoyance.

#### CASE XXXV.

Feb. 18, 1827.—A physician, who had for many years been subject to piles, requested me to remove an haemorrhoidal excrescence, which was exceedingly troublesome, more particularly when he went to stool.

In conversing with him upon the subject of the causes of piles, I told him of my belief that they were not uncommonly the result of stricture in the rectum. He literally ridiculed the notion, stating, that he was fully conversant with all the circumstances connected with so common a disease as piles, and all that he wished me to be so good as to do, was to remove the local disease, if I thought it could be accomplished without any apprehension of mischief. Upon examination I found the bowel prolapsed, and a considerable mass of excrescence protruding at the orifice, in a highly vascular condition. It was divided into three portions ; one of these had so circumscribed a connexion with the rectum, that it admitted of being readily removed, I therefore removed the part, by excision, and reduced the bowel. When the part was perfectly healed, at his desire I examined the rectum, and discovered at eight inches an obstruction to a very great extent. By persisting in the plans I usually followed, which have been before detailed, he very soon got better ; his motions passed with little pain or difficulty ; nor did he suffer from the prolapsus of the rectum, or the portions of excrescence which remained.

CHAPTER XV.

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*Of Determination of Blood in the Head, occurring  
as a Consequence of Stricture.*

FROM the balance of power between the several intellectual faculties of man has been said to result common sense; so likewise in the regular and equable performance of the separate functions of the body originates good health. By the consistent action of every organ the general fabric of the body is preserved, towards the maintenance of which the circulation of the blood performs a most essential office; and it appears as if it was a law in nature, that, in proportion as the function of any particular part is material to the support of man, any deviation from its healthful condition produces a corresponding serious effect. This is peculiarly evinced in affections of the head: upon irritation occurring in other organs of the body, nature assists herself in various ways, or we

are able to accomplish much through the art of surgery; but when, from undue nervous excitement, or immoderate distension, the vessels of the brain become diseased, or give way, we can do little else than mitigate affliction. Even in inflammation of the brain, perhaps the most favourable issue to protracted cerebral irritation, because most under our control; the best treatment is frequently of little avail; the patient either falling an immediate sacrifice to the disorder, or surviving, with the functions of the part permanently impaired.

We cannot, therefore, be too careful to avoid or to correct any cause which may produce a disturbed condition of the circulation of the blood in this particular part. Why this may happen as a consequence of stricture has been before mentioned. Numerous instances of the fact have fallen under my observation, some few of which I subjoin.

#### CASE XXXVI.

Major —, age 45.] May 19, 1823.—Complained of great giddiness, attended with acute pain in the occipital and frontal regions, especially the former, being sometimes so bad as for minutes to deprive him of his sight. He had also

frequent pains in his loins, and the lower part of the back; was generally of a costive habit of body, and his motions, which were small in quantity and size, and of unhealthy appearance, passed after considerable straining, accompanied with heat and pain in the rectum. The bowels were occasionally purged, and he passed discharges of blood and mucus. He suffered also from indigestion, the smallest quantity of food producing distressing pain in the pit of the stomach. Independently of these annoyances, he was afflicted with *fistula in ano*, which had existed about two months; it extended up about three inches by the side of the rectum, but did not communicate with the bowel. I recommended an *enema* of tepid water night and morning, mild aperient medicines, with alterative doses of mercury.

June 3.—He felt himself somewhat better, but his head continued painful. I examined the rectum, and discovered a stricture four ~~inches~~ up, through which number four passed with difficulty.

June 8.—The bowels had been daily relieved by the *enema*, his head had been free from pain, and he felt altogether better. I introduced the same bougie, desiring him to retain it as long as he could, and to continue the same plans.

June 12.—He had continued to improve; had only had a slight giddiness for one hour the last ten

days, though for weeks previously, he had not passed half an hour free from pain. The bowels had been relieved twice each day; the discharge from the *fistula* was lessened. I increased the size of the bougie to number five.

June 17.—He was going on well. The bougie remained up two hours; when withdrawn it was followed by a copious discharge of jelly-like substance. I passed the same with no difficulty, also number six, which caused some uneasiness.

June 20.—He had retained the instrument two hours; was getting better; had had no pain or giddiness in the head; the discharge from the *fistula* continued to lessen. I increased the size of the bougie to number seven.

June 27.—He had retained it four hours; upon withdrawing it, some slimy matter, and a quantity of hardened lumps of faeces came away. He was better in every respect; had not had the slightest pain or giddiness in the head for twelve days; had discontinued the *enema* for the last three days, the bowels acting regularly without it. With some difficulty I passed number eight. To discontinue the castor oil.

July 5.—He had retained the bougie three hours; the bowels had acted fully and freely every day; the discharge from the *fistula* continued to diminish. I introduced number eight, and after-

wards tried number nine, but could not get it through the sigmoid flexure. I again introduced number eight.

July 10.—He had retained the bougie two hours ; was in all respects better. I succeeded in passing number nine.

July 15.—He had kept the instrument up three hours and a half ; when it was withdrawn a considerable discharge of jelly-like substance followed. I passed the same bougie.

July 20.—He had retained it one hour, and continued to go on well in every respect ; the fistula discharged scarcely any thing. I passed number nine, and afterwards number ten ; it caused some pain in passing the sigmoid flexure.

July 25.—He had had no pain of any description for three weeks past ; the bowels acted regularly every day, and the fistula was evidently healing ; his general health and appearance were visibly altered for the better. As he was compelled to leave town to join his regiment, I advised him to pass the same sized bougie (number ten) every fifth or sixth day, occasionally to use the *enema*, and to pay the strictest attention to his general health.

Oct. 27, 1824.—This gentleman told me he had enjoyed uninterrupted good health ever since the period of my attending him ; the fistula gradually

lessened, till at last, without any application being made to it, it got perfectly well. His bowels acted every day fully and freely without medicine ; he passed a number eight bougie every ten or twenty days.

July, 1827.—I received an account of this patient, his health had been uninterruptedly good ever since I took my leave of him.

#### CASE XXXVII.

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—, Esq., age 50.] Aug. 31, 1822.—Complained of acute pain in the head, particularly at the back part, attended with giddiness, which he had experienced more or less for years past ; of pain in his chest, with a sense of heat and soreness in the stomach after eating ; and of pain through the region of the colon, and at the lower part of the sacrum. His bowels, which in general were confined, were much relaxed, and a quantity of blood and slime passed in his motions ; his countenance was sallow, and he was altogether much out of health. Had consulted a variety of medical men, the majority of whom decided that he laboured under disease of the liver, for which he had taken great quantities of mercury. I advised alterative doses of mercury ; occasional doses of lenitive electuary, the use of bitters three hours after each

of his meals, together with an *enema* night and morning. He followed up this plan for nearly six weeks, with benefit; it was, however, gradually relinquished, when he relapsed into his former condition; his head again became painful, and he was nervous in the extreme.

Nov. 4.—Under these circumstances, I examined the rectum. It was with difficulty I could get a large bougie to pass the orifice, owing to the irritability, and the thickening of the sphincter; I passed it about five inches up, but could not get it any farther. The same thing occurred with the different sizes down to number four, which passed the stricture, and on to the sigmoid flexure, at which point I encountered a second obstruction; through this I could only introduce number two. I advised attention to diet; castor oil occasionally, and an *enema* every morning.

Nov. 7.—By the use of the *enema* he had managed to get his bowels relieved each day. His head had been very bad. I introduced the same bougie with tolerable facility.

Nov. 8.—It had been up only twenty minutes, when inclination for relief from the bowels compelled him to remove it; much offensive motion followed. With some difficulty I introduced a bougie of larger size.

Nov. 9.—The bowels had been relieved without

any aperients ; the bougie remained up half an hour. I passed the same instrument, which, though I did not encounter any material obstruction, gave him considerable uneasiness.

Nov. 11.—Each *enema* had relieved the bowels ; his head had been painful all day ; the bougie remained up ten minutes. I passed number four ; it caused distressing pain, particularly at the sigmoid flexure, where the spasm was very considerable.

Nov. 12.—The bougie had remained up ten minutes ; the bowels had been a good deal disturbed by a profuse diarrhoea. I introduced the same instrument ; it created great uneasiness through the whole bowel.

Nov. 14.—The bowels had been much irritated ; he was compelled to remove the instrument almost immediately. *Judging that the extreme irritability of the bowel arose, in a great degree, from the too frequent use of the instrument, I resolved to pass it only every third day.*

Nov. 16.—The bowels had acted daily without medicine ; he complained of his head. I passed number five with trifling annoyance fairly into the colon.

Nov. 20.—It had remained up three hours ; a large portion of hardened faeces in small lumps came away when it was removed, with a quantity

of brown mucus. I introduced number five, also number six, with little difficulty.

Nov. 25.—He had retained the instrument three hours and a half; quantities of slime and brown mucus came away with it. He felt better in health; had not had any pain in the head during the past week. I passed number six, also subsequently number seven; it caused a good deal of uneasiness at the sigmoid flexure. Castor oil in the morning.

Nov. 28.—The instrument remained up six hours; he had no pain of any kind; the bowels had acted daily without medicine or the *enema*. I passed the same bougie.

Dec. 3.—He had been absent from town the intervening days; said his health was wonderfully improved; shewed me a full-sized healthy motion. I introduced the same bougie, also number eight; it gave him, however, pain in passing the sigmoid flexure. To discontinue all medicine.

Dec. 8.—He had gone on comfortably, till last night, when he had a very severe attack of pain in the head; had likewise suffered from griping pains over the whole of the abdomen. I introduced the bougie, but could not get it farther than five inches. I advised an *enema* with twenty drops of laudanum every night, castor oil occasionally.

Dec. 12.—The *enema* brought away quantities of faeces and slime; the bowels had also been full

acted upon by the oil, though he repeated the dose three times before any effect was produced. I introduced number eight with little difficulty.

Dec. 18.—The bougie had remained up two hours; the bowels had been daily relieved, and he had suffered no kind of annoyance; had passed a great quantity of mucus with his motions. I passed the same instrument, and attempted a size larger, but could not succeed in getting it through the sigmoid flexure. I introduced the same again.

Dec. 25.—The instrument had remained up seven hours. He said he felt perfectly himself; that his bowels acted daily, without any kind of assistance. I increased the size of the bougie to number nine, which did not give him much pain.

Jan. 12, 1823.—He had suffered no inconvenience till yesterday, when he had a slight return of giddiness, but his bowels continued to act freely, and the discharges from them were healthy. He had kept the bougie up one hour, when it came away with a considerable quantity of mucus.

Jan. 13.—He had passed the same instrument for himself, and continued to go on well. I saw a motion from his bowels larger than the fullest sized rectum bougie, and not less than ten or eleven inches in length. I took my leave, advising the occasional use of the bougie.

I did not see this gentleman for several months,

when he sent for me in consequence of the bougie having been drawn up so high in the rectum, that he could not extract it. Some time elapsed before I arrived ; in the interim he had voided the instrument rolled up like a ball. It gave him most acute pain in passing the sphincter, but he suffered no other inconvenience from the accident.

Nov. 1826.—This patient said he had not enjoyed such health these ten years ; that he never took any physic, not requiring it; he occasionally suffered from giddiness, but to nothing like the extent he did prior to seeing me. He passed a bougie himself every month or six weeks.

#### REMARK.

This case particularly evinces the irritation which may ensue from the too frequent introduction of the bougie.

#### CASE XXXVIII.

—, Esq., age 58.] Nov. 7, 1824.—Complained of pain in the head, with giddiness and loss of sight ; within the last six months he had fallen down insensible several times. His general health was likewise impaired, he suffered from indigestion;

his bowels were irregular, and the discharges from them were either scanty in quantity, passing in small lumps, or profusely loose, ten or fifteen being voided in the course of the day; he occasionally passed blood in his motions; had frequent cramps, with itching about the orifice of the bowel. For the affection of his head, from which he had suffered more or less for years, he had consulted various medical men, most of whom advised purgatives, with occasional loss of blood by cupping. I advised mild aperient medicine every other day for a week, with vegetable diet. He did not, however, experience much benefit; he was also bled, and cupped in the neck, which for a few days afforded trifling relief. For some time, he would not permit any examination of the rectum. After repeated attacks, he was, however, induced at last to submit to its being done.

May 26.—In this case, as in the last, there was considerable impediment to the introduction of the instrument, owing to the action of the sphincter, which was much broader than usual. Upon passing the finger into the bowel, I discovered several small tubercles. I introduced different bougies down to number three, before I could pass one fairly into the colon. There were two obstructions; one at four inches and a half, the other at about eight inches. I advised the *enema* every night;

castor oil every other night, and the use of bitters after each meal.

May 30.—The bowels had been upon the whole rather better, and the giddiness less. I passed the same bougie, and afterwards also number four. To continue the same plan.

June 4.—His head had been better, but his bowels were exceedingly confined ; the instrument remained up half an hour. I passed the same, and also number five. Castor oil every night.

June 9.—His head was better ; had had considerable griping pains in his bowels ; he retained the bougie three hours and a half. I passed the same instrument, and then number six.

June 14.—He was better in every respect ; had retained the bougie three hours. I passed the same, and subsequently number seven. Castor oil every other night.

June 19.—His head had been painful ; the bowels had acted twice daily for three days past ; he had retained the bougie two hours. I passed the same bougie, as well as number eight.

June 25.—He was going on favourably. He had passed a good deal of brown mucus. I increased the size of the bougie to number nine. He had retained the former four hours and a half. Castor oil every fourth night.

June 30.—His head had troubled him the last

two days, and the bowels were much purged. Upon inquiry, I found that he had been induced to take a considerable quantity of wine, which had disordered his stomach, and given rise to these annoyances. I was able, nevertheless, with some little difficulty, to introduce number ten into the colon. It created so much uneasiness at the orifice, that he could not retain it more than ten minutes.

July 5.—He acknowledged that his general health improved, but he had still, occasionally, trifling giddiness and pain in the head; the bowels acted each day without medicine; he had for some days past discontinued the oil. I introduced the same bougie.

July 16.—He continued to go on well; had had much pain one day; but attributed it to being compelled to drink a good deal of wine. I passed the same bougie. I now took my leave, requesting he wbuld use the bougie once a week for some time, and pay attention to his general health.

Aug. 23.—He called upon me to pass a bougie, not liking the trouble; he had neglected to use one since the period I left him. I passed the instrument easily into the colon, but, as heretofore, it gave him great irritation at the orifice.

Dec. 27, 1824.—This patient informed me his health had been uniformly better; he had used

the instrument occasionally ; he seldom suffered from pain in the head, unless after any excess in living.

#### REMARKS.

In this case the stricture had evidently become permanent ; consequently, though the health, and local affection, which I considered the result of the disease, became better, the obstruction was never totally removed.

### CASE XXXIX.

Mrs. ——, age 48.] Jan. 21, 1825.—Suffered from pain and weight in the head, accompanied with giddiness, and from indigestion. She was married, but had no family ; the *menses* had disappeared four years. I advised castor oil every night, and a stomach mixture twice in the course of the day.

Feb. 28.—She again sent for me ; she said she had not been so bad as usual. I advised her to continue the medicine, and to take vegetable diet.

March 5.—She had not had any head-ach for the last four days ; her bowels acted regularly by the use of the oil. To prosecute the same plan.

March 12.—She was much better ; the bowels

had acted daily. I told her that, notwithstanding the improvement of her health, I would advise the examination of the rectum; this she declined, and I took my leave.

August 23.—She sent for me, afflicted as before; as she gradually left off all medicine, her sufferings had returned. I again urged her to permit an examination of the bowel, but to no purpose. I advised castor oil every morning, and the stomachic medicines as before.

Sept. 15.—She continued to suffer in the head; yet no persuasion could induce her to adopt my advice, though she admitted that she felt conscious of its correctness. *Detrahatur sanguis è brachio ad uncias sex-decem.*

Sept. 23.—She complained of great pain in the head, and the bowels were costive. The *enema* usually brought away a few small lumps of feculent matter. She still declined the examination of the bowel.

Dec. 19.—She had been getting worse and worse for weeks past; was obliged to take aperient medicines constantly, yet even these failed in keeping the bowels regular. She suffered severe pains in the head, particularly at the back part; complained also of cramp and coldness in the feet and legs. She showed me a motion, which, though not larger than a little child's, gave her pain in

passing. Being a good deal alarmed, she at last consented to the examination of the bowel. *Vene sectio ad uncias viginti. Oleum ricini omni sexta horde ad alvi solutionum.*

Dec. 20.—The bowels had acted copiously. To take the oil every night only.

Dec. 25.—The bowels had been but scantily relieved. I examined the rectum, and discovered a stricture at five inches, through which number four passed with difficulty and pain. To continue the usual treatment.

Jan. 2, 1825.—Her head had been painful; the bowels had been a good deal confined; and the evacuations exceedingly offensive. I introduced the same bougie; afterwards number five, with some little difficulty.

Jan. 7.—Her head continued in pain, but less medicine answered the purpose of relieving the bowels; she had kept the bougie up one hour. I passed the same, also number six.

Jan. 12.—Upon the whole she was better; she had no pain in the head, but felt a weight at the back part; complained of a sensation similar to cold water trickling down her back, and of cramp in the feet and legs, particularly at night. The bowels had acted very well the last two days without any oil. She had retained the bougie nearly

three hours. I increased the size to number seven.

Jan. 16.—She was in every respect better; had retained the bougie three hours and a quarter. I passed the same.

Jan. 21.—Her head had sadly tormented her these two days past, and the bowels had not been so regular; I therefore advised her to take the castor oil every morning, which she had omitted for the last week. The bougie had remained up seven hours. I increased the size to number eight.

Jan. 22.—She sent for me in the night; her head had been intolerably painful. *Venæ sectio ad uncias sex-decem statim. Haustus aperiens, nocte sumendus.*

Jan. 23.—She was again pretty comfortable.

Jan. 24.—She had had much pain throughout the whole of the abdomen, and passed a considerable quantity of slime and brown mucus.

Jan. 25.—She had suffered triflingly from pain in the head. I introduced number eight, and afterwards number nine.

Jan. 28.—She was attacked with erysipelas in the head; her bowels had been a good deal purged, with griping pains. *Venæ sectio ad uncias viginti sex. Haustus aperiens octavā quaque horā sumendus.*

Jan 29.—She was in all respects comfortable. I passed the bougie easily the whole way; the former instrument remained up one hour and a quarter.

Feb. 27.—She had passed the bougie for herself at intervals of five or six days apart; the bowels had been pretty regular. Her head had been troublesome, but not to the extent it used to be. I passed number eleven with little difficulty. I now took my leave, requesting her occasionally to use the instrument, and to pay attention to her diet and health.

May 6.—The bowels were every now and then irregular, which condition she corrected by the use of the *enema*. She had used the bougie regularly: her general health was better than for years past, but she nevertheless suffered, every now and then, from pain in the head.

I have seen this patient twice during the last two years; her health is much better than it used to be, but the slightest imprudence gave rise to the old affliction; she uses a bougie every fortnight or three weeks, being sometimes able to introduce it readily, while at others, the bowel is so irritable that she cannot accomplish it.

REMARKS.

In this case, it will be perceived, that though considerable benefit followed the relief of the stricture, yet, inasmuch as from length of time it had become permanent, the affliction was never entirely removed, all the minor symptoms of the case were, however, materially alleviated.

12, Old Broad Street,  
Nov. 1829.









